DOCUMENT RESUME

ED 041 999 VT 009 888

AUTHOR	Frank, Donald S.; Johnakin, Charles R.
TITLE	The Multi-Troubled Jobseeker: The Case of the Jobless Worker with a Convulsive Disorder. A Summary Evaluation.
INSTITUTION	Epilepsy Foundation of America, Washington, D.C.
SPONS AGENCY	Manpower Administration (DOL), Washington, D.C.
PUB DATE	Jan 69
NOTE	35p.
EDRS PRICE	EDRS Price MF-$0.25 HC-$1.85
DESCRIPTORS	Adult Vocational Education, *Culturally Disadvantaged, Demonstration Projects, *Epilepsy, Job Placement, *Manpower Development, Neurologically Handicapped, Occupational Guidance, *Unemployed, *Vocational Rehabilitation
IDENTIFIERS	*Three Cities Employment Training Program

ABSTRACT

This demonstration project represents a pioneer effort in dealing with the joblessness situation of workers with convulsive disorders. Providing 1,200 jobseekers with vocational counseling, individual job development, training, and placement, the program showed that under good economic conditions a systematic approach can avoid needless fragmentation of the deprived and disabled individual's job problem. It also proved that the jobseeker with epilepsy usually can be benefited by the aggressive, yet empathetic redirection provided by this project. In spite of various social, economic, and psychological problems in addition to epilepsy, 70 percent of the jobseekers were placed in employment or job training. (BH)

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EPILEPSY FOUNDATION OF AMERICA

THE MULTI-TROUBLED JOBSEEKER: THE CASE OF THE JOBLESS WORKER WITH A CONVULSIVE DISORDER

BY

DONALD S. FRANK

VT009888

U.S. DEPARTMENT OF LABOR CONTRACT NO. 82–09–66–28
EPILEPSY FOUNDATION OF AMERICA
THREE CITIES EMPLOYMENT/TRAINING/COUNSELING PROJECT
WASHINGTON, D.C. 20005

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ED041999

THE UNITED STATES DEPARTMENT OF LABOR
MANPOWER ADMINISTRATION

THE MULTI-TROUBLED JOBSEEKER: THE CASE OF THE JOBLESS WORKER WITH A CONVULSIVE DISORDER.

A Summary Evaluation

By

DONALD S. FRANK, M.A.
Project Coordinator

Assisted by

CHARLES R. JOHNAKIN
Historian-Records Analyst

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UNDER CONTRACT WITH THE

EPILEPSY FOUNDATION OF AMERICA

(ATLANTA, GA.; CHICAGO, ILL.; SAN ANTONIO, TEXAS)

Contract No. 82–09–66–28

January, 1969

Washington, D. C.

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Library of Congress Catalog Card No.: 68–62883

Three Cities Employment-Training Program
A U.S. Department of Labor Demonstration Project

Epilepsy
FOUNDATION OF AMERICA

733 15th Street, N.W. • Washington, D. C. 20005 • (202) 638-4350

January 1, 1969

Mr. Seymour Brandwein, Director
Office of Special Manpower Programs
Manpower Administration
United States Department of Labor
Washington, D. C. 20210

RE: Contract No. 82–09–66–28

Dear Mr. Brandwein:

This Summary Evaluation Monograph represents the culmination of four months of preliminary national and target area planning and organization; 19 consecutive months of continuous client service; and a final 2 months of program reflection.

Seen in perspective, the entire undertaking has been an assignment covering many operational facets ranging from systems building to program management, research and evaluation. Moreover, it has meant cutting across many different fields such as counseling, social service, adult education, medical care, rehabilitation, job development and placement, job training and race relations, to name just a few. Nevertheless, the total of our experience has been rewarding primarily because we have deliberately and successfully challenged some older traditions and taboos about the vocational situations of the worker with a convulsive disorder.

Born out in this demonstration project has been the fact that under "good" economic conditions a systematic approach can avoid needless fragmentation of the deprived and disabled individual's job problem. Further, it can be conclusively stated that the jobseeker with epilepsy—no matter what other extenuating circumstances prevail in his case—can generally receive tangible vocational benefits from the type of aggressive, yet empathetic, redirection depicted in this demonstration project. (Of the nearly 1,200 jobseekers who were served, 7 in 10 got jobs or were being trained through the special efforts of this demonstration project.)

Major findings leading to these generalizations and long-range recommendations for positive action stemming therefrom are supplied here. It is our fervent hope that the knowledge and expertise gained in this and earlier relevant demonstration projects will be capitalized upon to the fullest extent possible in subsequent or continuing programs on behalf of the subject population and other disadvantaged disabled workers. To that end, and these workers, this volume is dedicated.

Sincerely yours,

Donald S. Frank

Donald S. Frank
Project Coordinator/Consultant

CC: Mr. William Throckmorton, Project Officer
DSF/lgf

ACKNOWLEDGMENTS

The affirmative readiness displayed by the Foundation's headquarters officials; Thomas M. Ennis, Executive Director; David Gilbert, National Director, Information and Education; and Ronald I. Personett, Controller, to render assistance on this project has been noteworthy indeed. In a grass-roots program of this magnitude, however, where the "human touch" is always just as important as administrative efficiency, we were really quite fortunate in securing the services of some "top program people". And while it is obvious that the Demonstration was more than the work of central office and project center executives, it is only fitting to note here the outstanding contributions made by:

Mrs. Rolla Raffkind, Director, San Antonio Center
Mr. Thomas Godwin Streckfus, Director, Atlanta Center and Chief Counselor
Mr. Gary G. Turner, Director, Chicago Center
Mr. Charles Richard Johnakin, Historian-Project Analyst

DSF

I. FOREWORD

The present Project is unique in that it is possibly the first Labor Department Demonstration that attempted to check the joblessness situation among workers with convulsive disorders. But, it would be historically inaccurate to state that a large part of the machinery to cope with this problem was born with the Project itself. On the contrary, two prior projects—Labor Department, Manpower Administration Demonstrations —provided a proven super-structure for the present undertaking.[1] Naturally, certain revisions have had to be made in the system devised earlier, in order to make that system more responsive to the problem at hand. Accordingly, what has transpired here has been the gradual revision and refining of the essential elements of the system to deal with the "convulsive" jobseeker problem, in practically *all* of its special ramifications.

[1] See *Job Counseling and Referral Clinics*, First Year Report, 1965 and *Job Counseling and Referral Clinics*, Final Report, 1967 by Donald S. Frank, Project Director and Consultant, Health and Welfare Council of Metropolitan Baltimore under contract with Manpower Administration, U.S.D.L.

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SALIENT PROGRAM FINDINGS

I. In spite of the fact that most clients were found to reflect a multitude of social, economic and psychological difficulties, in combination with their convulsive disorder; the vocational system devised to cope with a multi-troubled jobseeker was highly successful; 7 in 10 were placed in employment or job training.

II. An aggressive, unified and integrated vocational system operating through an autonomous centrally coordinated organization can consistently achieve more on behalf of a multi-troubled client, who requires both public and private services, than would either a wholly public or private organization.

III. Results oriented, empathetic positive programming, as is represented in the instant Demonstration, gives hope and inspiration to the forlorn and downtrodden "forgotten jobseeker".

IV. Sensitive directive group counseling among peers, along with aggressive and sympathetic recruitment, referral and follow-up produces a framework for achieving recognizable attitudinal changes and favorable vocational results.

V. Indigenous target area persons who show promise, but have heretofore lacked the formal credentials, and thence the opportunity, can with guidance and training, become effective program personnel who lend balance and special insight into the problem at hand.

VI. For the more "marginal worker" a greater number of job opportunities lie with the relatively smaller employer with less structured personnel policies; and the best long term vocational opportunity is probably of a "hire first" on-the-job type arrangement.

VII. Gaps of serious proportions in the medical, social service and educational areas exist in every target city, and while they are discovered and even partially amelioriated in programs of this sort, only a prolonged multi-dimensional effort of the kind recommended herein can seriously challenge these vast pre-vocational needs among this population.

PROGRAM RECOMMENDATIONS EMANATING FROM THIS DEMONSTRATION

I. The Program be adapted for national usage among the disabled/disadvantaged jobseeker—

(The vocational system devised to meet the needs of the jobseeker with a convulsive disorder is a proven refinement of one that has successfully met the job needs of the disadvantaged worker generally. Success in the immediate experiment merits that the system be tried in a broader arena—the worker who is troubled by the twin ramifications of recognizable handicap *and* social and cultural deprivation.)

II. The national voluntary health agencies should combine and form a Consortium to carry out a pre-vocational program of this magnitude—(With the limits on the availability of proven expertise and resources of independent voluntary agencies, alongside the widespread recognition of the necessity of doing considerably more on behalf of their charges in a vocational sense, the consortium idea fits the need for a national independent planning and operational authority to carry out this kind of mission.)

III. Financial resources of the SRS and the Manpower Administration can be pooled to serve the major money needs of the Consortium—

(Since the primary obstacles to the vocational adjustment of these clients are ordinarily conceived to be within the purview of these two funding bodies it is right and proper that a program of this nature be largely funded by a "pooling" arrangement.)

IV. The Executive and Operational Team that has conceived and developed this approach be engaged in any long range endeavour to better the vocational chances of this multi-troubled jobseeker—

(Given the broad range of experience gathered by this group of specialists it is mandatory that any attempt to further this program be in the hands of proven staff. Accordingly, a national plan can be developed and implemented by this Team with considerably greater dispatch and directness.)

V. The format of this program be made available and operative within the framework of existing agencies attempting to deal with the "difficult placement"—

(Inasmuch as the program has devised a simplified but direct way of handling the so-called "hard core" case some effort should be made by governmental authorities, at all levels, to adapt this method and to so train their staff.)

*VI. Where feasible, as an interim measure vocational service programs along the lines of the program demonstrated here should be continued, or instituted by voluntary health agencies on any reasonable funding basis (voluntary and/or governmental) until such times as a more ambitious program can be developed—

(When funds are available Chapter organizations could either institute or continue any effort to provide a reasonable measure of vocational service and should take full advantage of The National Staff expertise developed in this undertaking, in order to maximize the quantity and quality of rehabilitation services that can be rendered.)

* EFA has acted to implement this item through the establishment of a National Vocational Advisory Center (NVAC) for employment and vocational services within its formal organizational structure. Further, it is funding, for an additional year, the Chicago operation—under the direction of NVAC. Ultimately, the long-term goal is to secure continuous financial support for this much needed service from the Illinois Epilepsy League.

II. INTRODUCTION

Historically, this project was conceived of as one dedicated to giving the jobseeker with epilepsy a sustained extra measure of support in his quest for vocational training and/or steady employment. (The rate of involuntary joblessness among persons suffering with a convulsive disorder has been reliably estimated by public health sources to range from 15—25% of persons with epilepsy in the employable ages.) It was determined that while a new more dynamic approach to this problem needed to be taken, the processes to be used in the Demonstration would necessarily be roughly similar, while the program itself should be attempted in three rather diverse labor markets (Atlanta, Chicago, and San Antonio) so that the results would have a somewhat universal character for purposes of testing, evaluation and implementation. The participant population was to be selected on the basis of a relatively uncomplicated set of operational criteria e.g., that they be in their prime working years, aged 16—45; that they be actively seeking employment or training; that they presently not be in active receipt of employment oriented vocational services by an existing agency—either through disqualification or lack of funds for private service; and that while their seizures could be made controllable or were already controlled, that they be free of other discernible disabling conditions. (But you will readily note in the ensuing pages even these criteria had to be liberalized as the program took "final" shape.)

Insofar as the method of accomplishing the above stated objective was concerned, it was anticipated that the afflicted persons would be carefully shepherded or guided through a more or less set pattern of movement toward achievable vocational goals. The actual counseling process was to be primarily on a group basis and ordinarily involve 6 two hour counseling sessions spaced over a one month period. The thrust of the center counselor's interaction activity within the group was aimed at immediately enhancing the individual's social functioning; secondly, orienting him toward the world of work and, finally, evaluating his long term work potential for placement and referral purposes. This format had already been established in two earlier E&D projects which were geared to meeting the job needs of an undifferentiated disadvantaged work force and was adapted here, albeit with certain special refinements, of course, to fit the special situations of this type of clientele. Essentially, however, the format projected the following program elements or characteristics:

1. Aggressive outreach recruitment
2. Liberal intake (evaluation and selection) policy
3. Professional directive, semi-structed group counseling in a warm and friendly atmosphere
4. Pragmatic job and training development efforts
5. Sensitive referral and placement according to counselor-client job readiness evaluation
6. Intensive follow-up practices

This six pronged attack, within the framework of a "fixed" or built-in requirement of 200 participants per city, began in December of 1966, after approximately four months of preliminary in-depth National and Target Area planning. The project officially ended on October 1, 1968.*

The activity program, as described above, took place in each Target City in what was termed the center or "clinic." Each center had a Director, who administered the local project, aided by a trained group counselor and 3 "subprofessionals" drawn from a "pool" of professionally qualified epileptics who were previously considered as arbitrarily disqualified for work at this level. The latter individuals, nonetheless, in the course of the project, became responsible for a variety of professional tasks including recruitment, counseling assistance, and job development, etc. The overall program, strategies and operational tactics were generally devised and coordinated at the central office, except that they were often modified, as required, to fit local needs and conditions.

This volume has been written to accentuate the sense of the Project as well as to highlight its major achievements and findings. As a synthesis, a summary evaluation and a commentary about the central means and intrinsic meaning of these accomplishments, its contents are necessarily narrowed and restricted to the mainstream of Project characteristics, events and concerns. More than 500 pages of detailed description have already been written about the month-to-month workings of the Demonstration and are included in the seven previous Progress Reports and the definitive *Manual of Operations*. These latter materials can serve as a ready reference to complement and act as a backdrop for the present summary study.[1]

And since this information is presently available, no attempt will be made here to spell out precisely what happened or was supposed to happen on a step-by-step basis in both theory and fact during the past 19 months of operational activity. Neither will there be any effort made here to describe the vicissitudes related to the designing of a workable project plan. Nor will the "inner workings" of the system with its myriad of complexities and intricacies (so carefully formulated and tested over the life of this and antecedent Projects) be spelled out here. In fact, where the mechanics or findings act to supply needed clarity to what was crucially involved in this Demonstration, they will bear reiteration, but will not necessarily be embellished upon. Hopefully, this painstaking detail has already been chronicled satisfactorily in the prior Progress Reports and in the *Manual*. By eschewing "wide-screen" comprehensiveness then, and by dealing with the core of what took place—in terms of what were the results; to whom did it happen and what seemed to make it happen this way—the study seeks to focus, to pinpoint and to succinctly analyze the intrinsic significance of this undertaking in relation to the general field of vocational service to the hard-core handicapped jobseeker.

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* While the Demonstration, and this report's data, have exclusive reference to this time period, the Foundation Board funded an interim operational phase through January 31, 1969, pending the establishment of its National Vocational Advisory Center to provide consultative services to chapters and to other national health agencies, as well as to national and state public agencies, along the program lines of the instant project. Another primary function of the center will be to create innovative programs to give supportive vocational assistance to the disabled disadvantaged work force.

[1] See Frank, Donald S., *Three Cities Job Clinic and Services System Manual: A Guide For Helping the Hard-Core and/or Handicapped Jobseeker*, (Washington, D.C., February 1967). Also see the following Progress Reports: *Three Cities Employment/Training/Counseling Program: A Demonstration Project*, Aug./Sept. 1966; Oct./Nov. 1966; Dec. 1966/Jan. 1967; Feb./March 1967; April/May 1967; June/July/August 1967; Sept./Oct./Nov. 1967—Progress Report and Yearly Review, Dec. 1967–April 1968.

III. WHAT HAPPENED: THE RESULTS

The purpose of this portion of the monograph is to provide a candid and even stark report of what happened to the clients of this Program in terms of vocational outcomes. To that end, the commentary is relatively brief and to the point, without more elaboration than is absolutely required. In short, the data have been generated and are organized to speak for themselves and to stand as a reflection of the relative efficacy of a system that produces this type of result, while coping with a variously troubled jobseeker.

The vast majority of clients processed by the vocational system over the course of this Demonstration were placed on a job in competitive employment or in a paid training situation. These programmatic results have been prepared for each Center and are presented in the following tables.

PROGRAM RESULTS*	ALL CENTERS	TARGET AREA		
		ATLANTA	CHICAGO	SAN ANTONIO
Total number of clients	1,115	308	472	335
Total Percent	100	100	100	100
Percent Placed in Job or Paid Training	70	58	70	82
Competitive Employment	52	48	54	53
Paid Training	18	10	16	29

Seven of every ten Program participants were assisted toward a concrete resolution of their employment problems. More than half (52 percent) were placed in a job; nearly one in every five first required a training situation while on a pay status. The Program's experience has been that the three in every ten clients not placed in most cases probably could have been assisted if there were a larger number and a broader spectrum of paid training opportunities within each community. (Of course some of these would necessarily be in sheltered workshops, but these, too, were conspicuously few in number and in variety of training activities.) In terms of absolute number, 783 clients were restored to the wage earner status either by virtue of full time employment or paid training. It should be noted, moreover, that this placement rate by far exceeded the contractually specified Program *participation rate* of 600 clients and reflected constant increases over the entire course of the Project.

Analyzed by target area, the placement rate shows a significant differential between jobs and paid training placements when aggregated. However, when these components are compared, the variation is clearly a reflection of the markedly higher paid training placements in the San Antonio Center. This was due, in large part, to the vigorous development of on-the-job training slots as well as the generosity of DVR in providing paid training opportunities. However, the relatively high proportion of job placements as contrasted with training, also stands as an indication of differences in local job market conditions. The paucity of willing "normal" workers in the two larger cities made employers more anxious to hire workers at the going wage rate without the "Governmental red tape" involved in securing training cost reimbursement. In San Antonio, however, with its looser labor market, training cost reimbursements obviously proved to be an incentive for employers to hire Project clients as trainees.

It is equally important in a Project of this nature to scrutinize its impact on persons who were school dropouts or belonged to minority groups because this is precisely how a program's depth or reach can be properly evaluated. Accordingly, it is interesting to note that in terms of absolute figures, a significant number in both categories were placed in jobs or paid training situations. For example, over 400 persons belonging to a minority group (Negro or Mexican American) and 446 school dropouts were substantively assisted in the resolution of these pressing employment problems. The following data were summarized from the placement results:

PROGRAM RESULTS	ALL CENTERS	TARGET AREA		
		ATLANTA	CHICAGO	SAN ANTONIO
Total number of clients from minority groups	611	157	240	214
Total percent	100	100	100	100
Percent placed in jobs or paid training	67	54	69	75
Number placed	410	85	165	160
Total school dropouts	647	171	266	210
Total percent	100	100	100	100
Percent placed in jobs or paid training	69	58	68	79
Number placed	446	99	180	167

* As of July 1, 1968, the official end of *services* under the Demonstration grant.

The nub of these data is that the Program, by successfully compensating pragmatically for these shortcomings did, in truth, more than respond to a clientele that were multihandicapped. But even more pertinent, it is evident from these data that the system used in the Demonstration tangibly helped the classically defined "hardcore" to a resolution of their employment problems. Specifically, a substantial segment of the participant population suffered vocationally from the above-named factors, along with still other vocational impediments. These participants unhappily claimed triple disadvantage by virtue of such exacerbating conditions as criminal records, long-term psychiatric hospitalization or chronic and acute problems of drug addiction, alcoholism, etc., e.g. the "hardest core."

PROGRAM RESULTS	ALL CENTERS	TARGET AREA		
		ATLANTA	CHICAGO	SAN ANTONIO
Number of multi-troubled clients*	223	62	94	67
Total percent	100	100	100	100
Percent placed in jobs or paid training	57	53	60	57
Number placed	127	33	56	38
Public Assistance Recipients	210	55	118	37
Total percent	100	100	100	100
Percent placed in jobs or paid training	56	52	53	69
Number placed	118	29	63	26

*These data represent discernible handicaps at time of intake interview. Subsequent contacts revealed, according to each Project Director, the presence of many additional problems, such as criminal records, personality defects, long term hospitalizations, etc., among the clients.

In addition, significant numbers of participants were restored to the labor force from a prior status of welfare recipient. The above data reveals the Demonstration's effectiveness in respect to taking potential jobseekers "off the rolls".

For the reasons already alluded to, the above data consistently understate the activity of the Program in aiding the totally "down and out" client, since much larger numbers would have been public assistance recipients, had it not have been for the assistance of parents, relatives and friends. In these latter instances, the result of the job placement was to alleviate the burden of disability in both the particular client and the entire family: a family which, all too often, reported that they were in dire economic straits. In the same vein, it is clear that the PA and APTD were not easily secured by many clients because of a variety of "legal, administrative and institutional barriers" placed on eligibility. Consequently, while placement in jobs or in training was a "God send" to many who were "job ready", medical treatment and emergency and long-term financial aid through our advocacy of eligibility in given cases with the appropriate agencies was a further Program blessing.

Continuous follow-up has taken place throughout the course of the Demonstration by a variety of means.[1] These results have formed the basis of the job retention rate which, when carefully evaluated, allow an assessment of the long-run impact of the Program on its clients. The data were collected at the end of the Program and were "static" in the sense that they provide a cross-sectional view of the client's employment status at a particular point in time. For example, a participant could have been placed, lost his job and thence been placed again by the Program. In many instances, this process was repeated several times, but his placement was recorded only once.

The data have not been collected to calculate a firm "stick rate" at or on a particular job, but rather to measure the tenacity and effectiveness of this Program in providing meaningful and *continued* vocational assistance to the target population. The following statistics, therefore, represent what proporton of persons initially placed in employment were on a *job* when the Project came to a close:

ATLANTA	*CHICAGO*	*SAN ANTONIO*
70 percent	85 percent	61 percent

Variations on these verified job holding rates appear to be due largely to the socio-economic characteristics of the participants, e.g., educationally, experience-wise, etc., as well as the predominant economic factors at work in the respective areas. It was not surprising, for example, that this index is shown to be markedly higher in Chicago since it has a generally more favorable economic setting relative to the other target areas. Furthermore, participants in that target area were, for a variety of socio-historical reasons, likely to be more skilled, better educated and generally more sophisticated, in a vocational sense, than is generally the case in the other "test" areas.

Participants were placed in a broad spectrum of occupations ranging over the entire gamut of industrial settings. For comparative and analytical purposes, these occupations have been grouped into common classifications and presented below. On evaluation, it is interesting to note that this distribution would not differ greatly in comparison with a similar one emerging from a vocational program for the generally disadvantaged, e.g., for example, the Job Clinics Program in Metropolitan Baltimore for the socially and culturally de-

[1] For a thorough discussion of follow-up mechanics, see Chapter X, *Three Cities Job Clinic and Services Manual*, developed as a special report earlier in the Demonstration.

prived who were usually clients without histories of epilepsy.[1] The specific job development techniques which accomplished this breakthrough have been fully narrated in the *Three Cities Job Clinic and Services System Manual* (see Chapter VIII), but the essentials are mentioned later on in this report.

In reviewing the occupational distributions, note the high proportion of participants placed in well paying, respected occupations. Each Center endeavored whenever possible, to insure a placement in a job, which was fully commensurate with the client's known or latent abilities. Meanwhile, these occupations very often required, on the part of the jobseeker, a reasonable degree of skill in interpersonal communications. Placements of the latter type were most certainly facilitated by the clients' participation in the group process which was, after all, primarily responsible for his resocialization and adaptablity to the work situation.

The industrial distribution below shows the high degree of ingenuity of staff job developers. Virtually no employment setting, per se, was considered "taboo" to the person with a convulsive disorder—he was only limited by lack of skills and training. The industries listed clearly indicated that the staff penetrated all spheres of the private and public sectors in the three target areas from the public school system to the foundry.

A PARTIAL OCCUPATIONAL DISTRIBUTION

CLERICAL, SALES	*PROFESSIONAL, TECHNICAL*
Department Store Salesman	Management Trainee
Insurance Clerk	Accountant
Restaurant Cashier	School Teacher
Medical Records Clerk	Social Worker
Admitting Clerk	Chemist
PBX Operator	Bank Teller
Secretary	Agronomist
Cashier	
	SKILLED TRADESMAN OR OPERATIVES
SERVICES	Body and Fender Repairman
Restaurant Waiter	Radio Repairman
Janitor	Leather Machine Operator
Nurses' Aide	Watch Repairman
Beautician	Carpenter
Receptionist	Fitter
Truck Driver	Upholsterer
Gas Station Attendant	Tailor
Hospital Orderly	Sewing Machine Operator
Guard	Assembler
Maintenance Man	Punch Press Operator

A PARTIAL INDUSTRIAL DISTRIBUTION

Insurance	Publishing
Camera Manufacturer	Foundry
Postal System	Laminated Products
Educational System	Newspaper
Hotel	Department Store
Hospital	Auto Parts Manufacturer
Electronic Manufacturer	Banking-Finance
Public Welfare Agency	Convalescent Homes
Restaurant	Automobile Repair

The distribution of paid training slots was just as diverse both with respect to the type of skill training and program sponsor. Local Project Directors competed for these opportunities for their clients at every agency offering training. Additionally, through the utilization of the on-the-job component of the contract, 89 slots were developed in over 25 different occupations. These were utilized to buttress and enlarge the possible slots available through the existing network of training facilities in each target area. Some of them are as follows:

MDTA (Institutional)	*DVR*	*OJT*
Cook	Refrigeration Training	Inventory Clerk
Licensed Practical Nurse	Computer Programmer	Dietary Aide
Small Appliance Repair	Medical Secretary Training	Carpet Cleaner
Janitorial	Beautician School	Nurses' Aide
Maintenance	Business College	Spray Painter
Food Handler	IBM Training	Machine Operator

While the large majority of training placements were made under the above sponsorships, numerous participants were placed in programs for the disadvantaged per se, e.g., under the auspices of CEP, WEP, IRP, etc.

In perspective, for all practical purposes, these categorical distributions show that no industry and no occupational entity can or should represent an automatic exclusion for the worker disabled by a convulsive disorder. Also, it shows that given the chance, even the least promising job applicant can fulfill the occupational requirements of most jobs for which they were otherwise qualified. Although this tabular information suggests the "hard-core" nature of the typical job applicant, the next chapter attempts to pinpoint the magnitude of troubles that characteristically burden the convulsive jobseeker who, besides their epilepsy, were handicapped in a multitude of other ways from readily securing employment or training for a job.

IV. TO WHOM DID IT HAPPEN: THE PARTICIPANTS

A. *The "Typical" Client*

Nearly twice the number of persons participated in the Program than was contractually specified; 1,115 persons received vocational assistance from the Demonstration and a considerable amount of demographic data were collected and analyzed from this sample. Mechanically, the data were gathered when the client completed the "Counseling Information Register"—a well-structured questionnaire designed to give the client practice in filling out a company's employment application as well as for collecting socio-economic information.

The clients comprised a representative sample of unemployed persons with a convulsive disorder as there is an identity of the diagnostic patterns among the sample and the universe of all jobless convulsives.[2] In each group the proportions of persons experiencing grand mal, petit mal, psychomotor and Jacksonian seizures were about the same.[3]

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[1] See Frank, Donald S., *Job Counseling and Referral Clinics*, First and Second Year Final Reports. (Baltimore 1966–1967).

[2] This, of course, does not imply that the proportion of persons with each form of epilepsy was identical in each case.

[3] EFA estimates indicate that nearly 70 percent of the universe suffered from Grand Mal seizures; the sample data coincided with the universe in this regard.

Although it was apparent that the Program drew a widely diverse group of clients in terms of sex, marital status, age and occupation, nonetheless, a "typical" participant did emerge. The following summary table brings into sharp focus the image of the typical Three Cities' client—that participant seen most often in the group counseling sessions in each target area:

Male	61	percent
Never Married	57	percent
Median Age	28	years
Minority Group Member	53	percent
Highest Level of Educational Attainment (median)	10	years
Length of Unemployment (median)	24	weeks
Time on Last Job (median)	8	months
One or More Dependents	34	percent
Public Assistance Recipient	18	percent
Unemployment Compensation Recipient	5	percent
Occupational Category:		
Clerical	25	percent
Services & Unskilled	28	percent
Skilled, Semiskilled	20	percent
Never Worked	14	percent
TOTAL[1]	87	percent

These data, aggregated for all Centers, revealed the presence of a sizeable component of single young men, Negro, White or Latin American, who were school dropouts with a poor work history, few work skills and an employment future, which, under ordinary circumstances, would only be classified as "dismal". Furthermore, they generally were not receiving any form of income maintenance—even though a primary wage earner—but were still dependent for support upon parents, relatives and friends. This typical participant had learned about the Demonstration through the outreach recruitment at one of the existing public vocational agencies or through public media messages reaching into his home. Further, his disability precluded him from service in the armed forces as the chances were great that he suffered from Grand Mal seizures. While it was certain that these data did not define an "epileptic personality" as such, a significant number did have moderate to severe psychiatric impairments which made the clients more susceptible to the array of supportive services made available by the instant program. Typically, the client posed a multifaceted problem: A social and economically disadvantaged person whose acute employment difficulties were further exacerbated by epilepsy and its sequelae. Against this complex condition was posed a proven vocational system that was being tested under new and particularized circumstances.

B. *Analysis of Socio-Economic Characteristics*

Generally speaking, the data, with respect to the major demographic characteristics, did not vary significantly from one Center to another. Of the entire 1,115 persons who participated in the Program, the majority (6 in 10) were men; this held true for each Service Center. The marital status patterns also did not vary to any great degree; one in every four clients were married and living with their spouse at the time of participation. This, no doubt, reflected the deleterious impact of epilepsy on the life cycle patterns of the participants. And for the same reason, and accordingly not without expectation, 72 percent of the participants had never married or were separated, widowed or divorced.

Most of the clients could be described as young; the median age was 28 years and nearly three in every ten were under 21 years. Slightly more than one in every five (22 percent) were over 40 which, no doubt, added in some degree to their particular job seeking problems.

Another factor which compounded the vocational difficulties of the clients was that 53 percent were members of a minority group—either Negro or Latin American. Furthermore, their vocational qualifications were highly marginal and were typically of the type that caused problems equally as serious as epilepsy in terms of jobseeking. For example, aside from the possibility of racial discrimination, sixty-eight percent of the population were school dropouts, with one in every four not going past the eighth grade Adding to this dismal vocational situation was the "spotty" work history of most clients; over half (51 percent) had been unemployed for more than six months or had never even held a job. Generally speaking, they did not possess a "saleable" work history with 46 percent never having worked, or, if they did, they had held their last job for less than six months. An analysis of the occupational data also pointed to a dearth of vocational skills. Forty-two percent of the workers were listed in the "services", "unskilled" or "no occupation" categories. These statistics did not vary significantly from one Center to another and were not particularly sensitive to change from cycle to cycle. This meant that the problems presented by the clients remained essentially the same in each city and throughout the Demonstration's time span.

On review, these data reveal that the clients were experiencing vocational problems which were both acute and chronic. For instance, only one in five was receiving funds from an income maintenance program such as unemployment compensation or public assistance as an alleviating factor during their job searching. This lack of income then seemed to aggravate the situation and even to make it intolerable in terms of the necessities or amenities of life. Manifestly, clients who could not afford adequate medical care and had a condition that required close attention have been shown to be ineffectual jobseekers on their own. In truth, many clients were too troubled regarding their state of health to even be "classified" as "employable" at the time of their initial Program interview.[2]

Dramatic, but hardly overdrawn, is this description of the client:

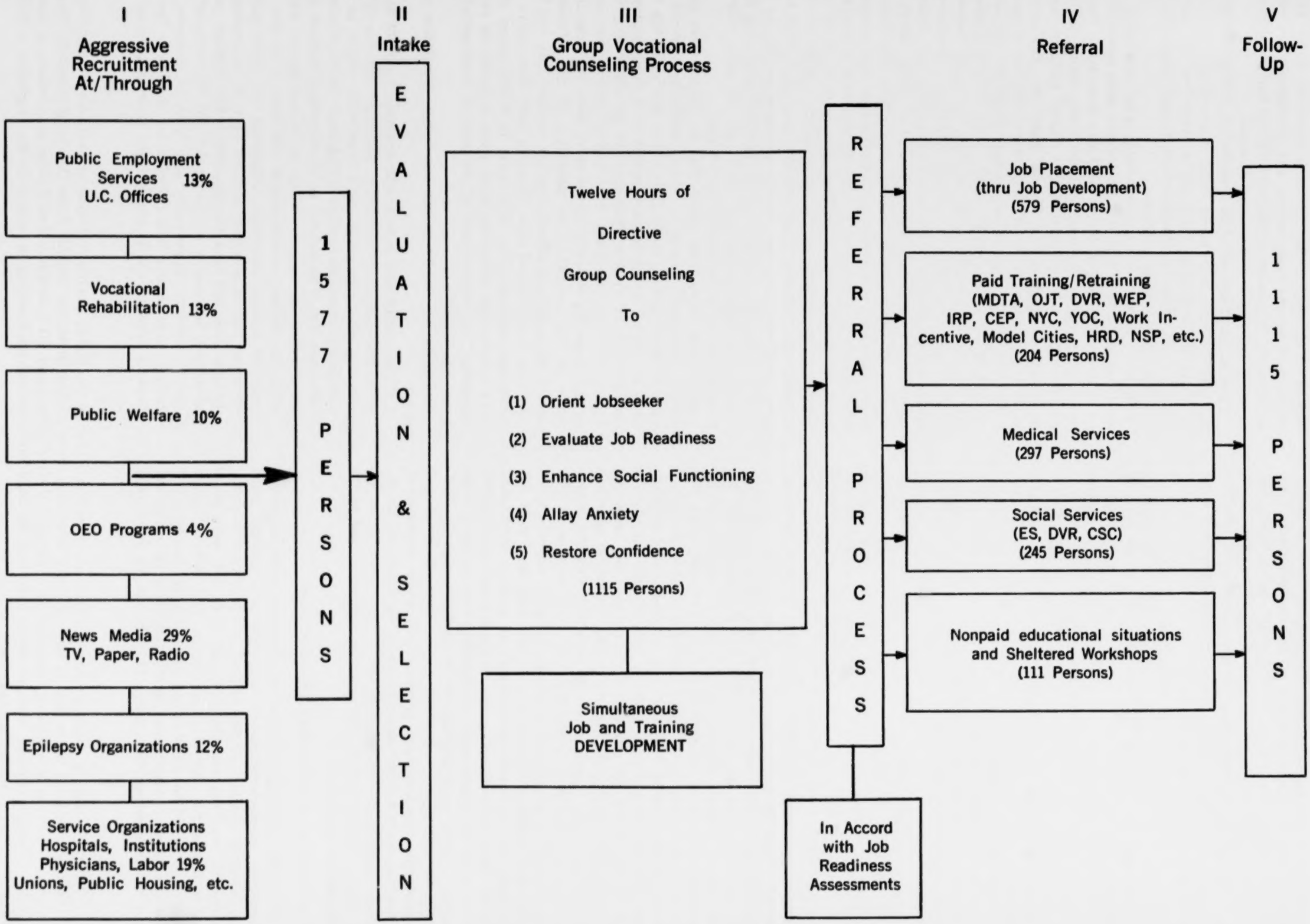
> "The unemployed person with epilepsy is caught in a vicious and somehow cumulative dilemma: (a) his epilepsy severely affects his early social functioning which, as it deteriorates, promotes further withdrawal and increasing dependence, (b) if he did not, in the meantime, acquire a skill or education, he was, in reality, multihandicapped, and, finally, (c) chronic unemployment and lack of income worsened an already weakened self-image and quite probably deprives him of adequate medical care as he increasingly became less and less "employable." The subject person, therefore, becomes a candidate for the "stereotyped" epileptic—unkempt appearance and frequent seizures. This unfortunate picture is a reflection of the harsh fact that today's existing public and private programs do not ade-

[1] As can be seen, a relatively few participants were distributed in the higher paying technical or professional classifications.

[2] Oddly enough, a scant few, if any, of these jobseekers were getting disability benefits from the Social Security Program, presumably because of a lack of "quarters of coverage." On the other hand, BLS does not record them as members of the labor force, for survey purposes. This, of course, can and did have some critical implications in regard to the eligibility criteria for receipt of Unemployment Compensation.

THE VOCATIONAL SYSTEM

PARTICIPANT FLOW CHART IN A TYPICAL FOUR WEEK CYCLE OF SERVICE

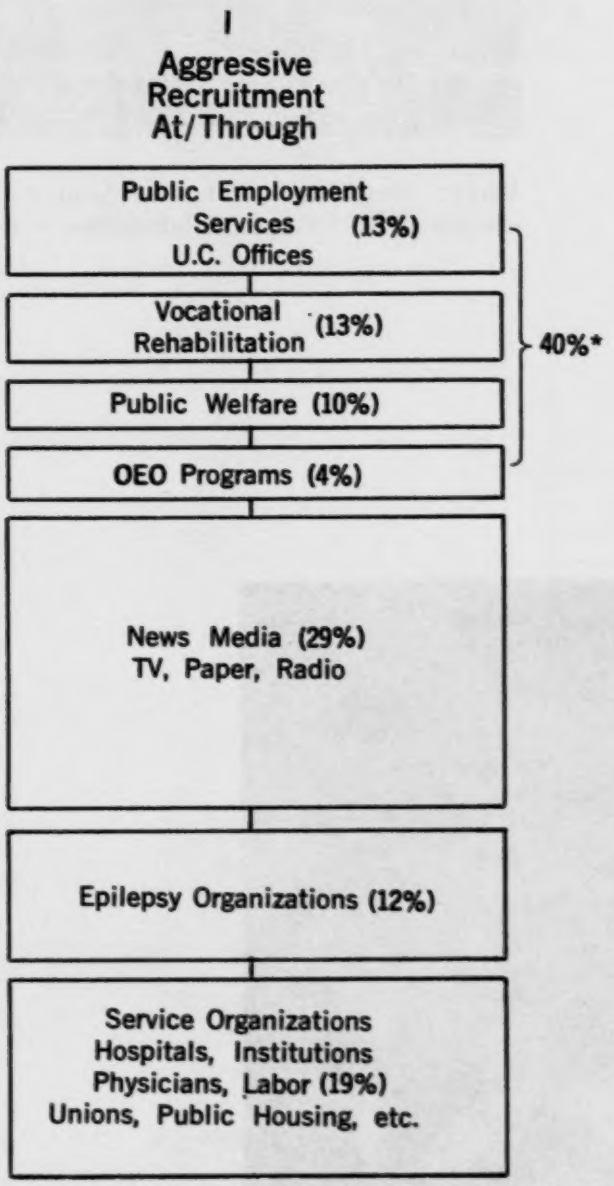


quately meet the needs of this population of handicapped jobseekers."[1]

This analysis demonstrated that persons in considerable personal trouble, too often have experienced little, if anything, vocationally or educationally, to interest an employer or a training authority—assuming a "normal labor market." More tragically, these were mostly young persons, ill equipped to face a technically demanding world. In a word, these data dictate the importance of outreach, participatory counseling, accessible medical help, prevocational training and extensive educational programs so that the disadvantaged, troubled by other extenuating circumstances, are given the chance to obtain employment and upgrade themselves during their lifetimes.[2] As a charge to the system developed and perfected to meet this formidable task, it represented a monumental challenge—one whose fundamental features and special dynamics are placed under scrutiny next.

V. THE WAY IT WAS DONE: AN OVERVIEW ON HOW AND WHY THE SYSTEM WORKED

Measured by any reasonable gauge, the results obtained with this kind of population are impressive. Clearly, the group involved in the rehabilitative process received substantive vocational assistance in spite of the fact that they, in the aggregate, represented a potential work force with rather dismal job credentials or employment prospects. Yet, it is obvious that they were handled differently than was the case in the past, else these results would not have been obtained. The function of this part of the Report is to reflect on each phase of the total system to the extent that such reflection synthesizes the key determinants of how that particular phase was so peculiarly sensitive to the vocational needs of these particular jobseekers.



[1] Frank, Donald S., "Group Counseling Benefits Jobseekers with Epilepsy", *Rehabilitation Record*, Jan./Feb. 1968, p. 36.

[2] In-school assistance through guidance counseling should, for example, be included in an all inclusive program of this nature. This was a recommendation concluded from an earlier study of a juvenile population; *The Juvenile with Epilepsy: Perspective on Employment and Life Aspirations* by Donald S. Frank, et. al., September 1967, Epilepsy Foundation of America.

*Percents indicate proportions recruited from each source.

A. *Recruitment*

The "recruitment flow", according to the diagram above shows the relative proportions contributed by each recruitment source. But still, the paramount unanswered question has to be: "What were the means used to attract such a group since these are jobseekers traditionally resistant to "counseling"[1] and why were these means so attractive to this population?" Aggressive outreach methods were used in this Project. Although the exact nature of the outreach method does not require a complete repetition here, because it is carefully enumerated and amplified in the Manual, suffice it to say that as individuals, either defeated or hostile or both, they were found to be totally unresponsive to other methods. Paradoxically, while would-be participants uniformly expressed disbelief that any tangible vocational assistance could possibly come through the usual or standard channels, these "traditional" avenues were used most successfully to reach them.

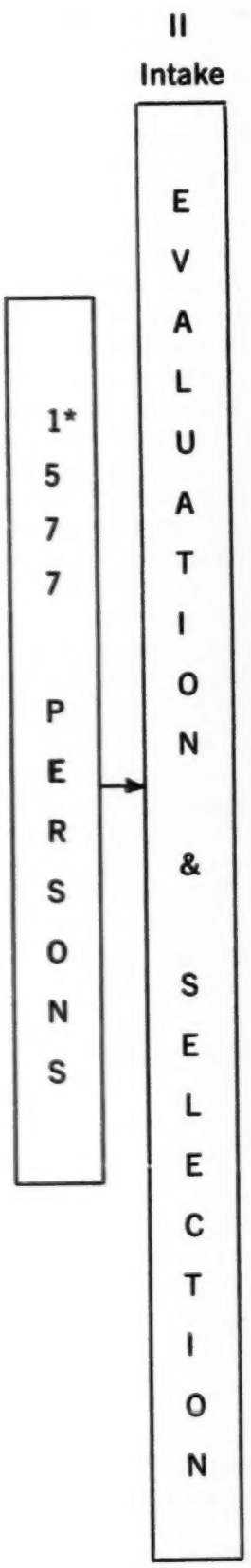
As precarious or flimsy as this old attachment might be, it represented a means and, therefore, an opportunity to reopen and re-establish a chance for further communication between the potential participant and the Program. Apparently, to many leery clients, in spite of a pattern of previous failure and disappointment, meeting on even the most vaguely familiar grounds was preferable to starting somewhere new. Presumably these people and places were, on the whole, less threatening to them. And consequently, these "old points of contact" whether it be ES Counselor, VR, Welfare, Clinic or school or anywhere else where they were on any kind of "file", proved to be extremely productive in terms of eliciting client response to our invitation to talk to them in such surroundings *about work*. Moreover, notwithstanding the record of past disappointment and current disillusionment, most often, in these circumstances, the client tended to be more easily persuaded that he still might have a chance in the job market.

But for those resistant and unresponsive to that appeal, another tack was taken. In these instances, the individual had simply lost faith in the established agencies or "authority figures" and seemingly no amount of persuasion could convince them to come back for more of what they thought would be the same. Brief public service announcements and messages setting forth the minimum of information, but with a purely vocational emphasis on TV or radio or even in the ethnic newspaper succeeded where former contacts failed. In these cases, initial skepticism on the part of the would-be client was met with by our expression of a willingness to make a "home visit" or to schedule a "formal" appointment in our office, at their convenience; or, in cases where the individual made a hesitant personal appearance at the Center, to display an instant interest in his case, frequently by seeking to satisfy some immediate medical or social service need that had too long been overlooked. Nearly one in three participants were involved in this fashion.

Effective as these methods appear to be in arousing the lagging spirits and interest of a despairing worker they are, at the very same time, instrumental in suggesting the underlying reasons for their own success. Manifestly, they are as follows:

(1) Ordinarily pariahs, perhaps for the first time, they are actively being sought after as clients.

(2) The Program itself is an *activity* that has vocational objectives which represent a possible alternative to involuntary idleness.



[1] Frank, Donald S., "A Reasoning Together: Group Counseling in Baltimore", *Employment Service Review*, V 4 N. 10, October 1967, p. 38. Also see Frank, Donald S., *Job Counseling and Referral Clinics*, First and Second Year Final Reports, Baltimore, Maryland, 1966–1967.

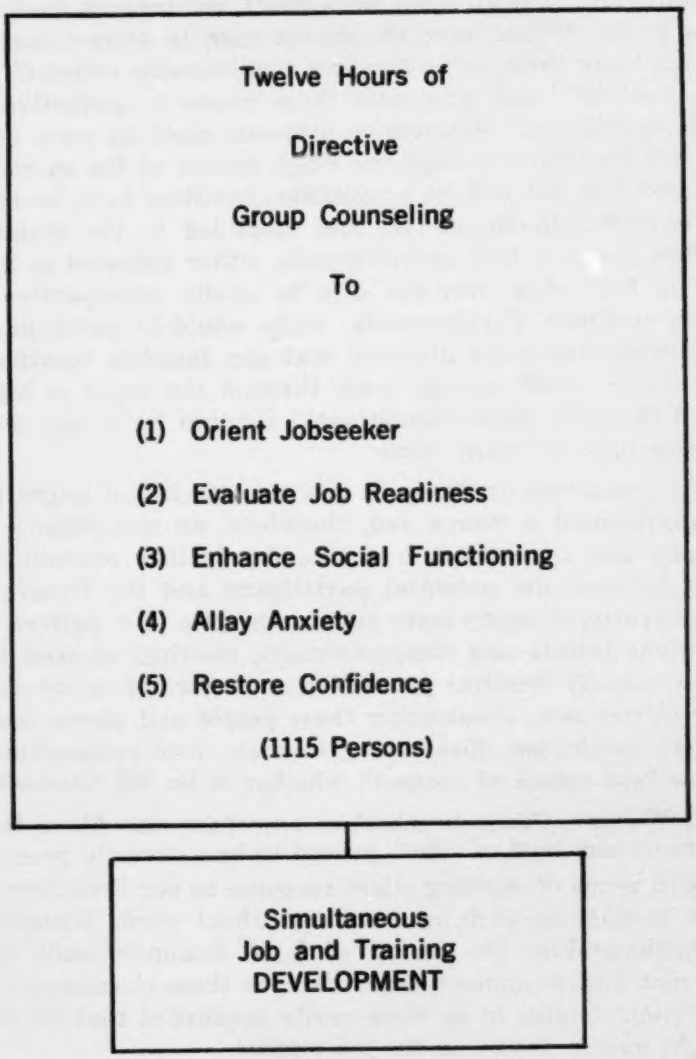
*Number of persons recruited for the Program.

B. *Evaluation and Selection*

The process of evaluating and selection actually tended quite early to become liberalized to meet the exigencies of the Program's reality situation. In other words, although there were reasonably strict criteria[1] upon which each would-be participant was to be evaluated, in short order these standards were considerably relaxed in order to accommodate the jobseeker's pressing need to become part of the work force. For one thing, the matter of seizure control was found to be largely contingent upon the individual's ability to live with "seizures" on the job or in training and then to snap back or not, and the employer's willingness to accept the chronic persistence of seizures and their aftermath. Certain individuals, on the other hand, might have only a single seizure in a month, but this sometimes resulted in prolonged absence from work, either because of overwhelming personal embarrassment or immediate dismissal by a panic-stricken employer. And there are other factors at work here too. For instance, the labor market situation in Chicago was so favorable that employers openly expressed their willingness to accept such "eccentricities" as momentarily tolerable. And in San Antonio and Atlanta, the personal involvement of the Project Directors on behalf of some of the more seizure prone succeeded in persuading many employers to "keep them on." But in any event, these "special" circumstances had the effect of broadening the scope of the "intake policy" to the point that the only exclusions were those who represented clear cut behavior problems. In these situations, they were immediately referred (or taken) to psychiatric or social service agencies in hopes that such care might promote their eventual "readiness" for inclusion in this Program.

In summary, neither seizure control, per se, nor any other background factor such as multiple handicaps, criminal records, past institutionalizations, dope addiction, alcoholism, age, or anything else that might be construed as disqualifying, was utilized in this Project to automatically bar an interested recruit. And finally, in the matter of "screening", persons were most often "screened in" rather than "out", and as a consequence, this made the process of evaluation and selection positive in that it became a device to help the largest number rather than one to narrow and constrict the range of would-be participants; hence the number unable to become involved was less than 100 over all.

III
Group Vocational Counseling Process



C. *Participatory Counseling: A Process Summary*

The essential ingredients of this fundamental feature of the system has received considerable elaboration in the Manual[2] and in two previously published articles.[3] Nevertheless, to briefly recapitulate, group counseling sessions usually involve 20 to 25 persons and are designed to make the unemployed feel better about himself as an individual and as a meritorious jobseeker. To accomplish this, the client meets twice a week for three consecutive weeks with

[1] "Generally speaking, persons chosen to participate in the Demonstration are:
—Persons with epilepsy whose seizures are controlled or can be made "controllable" in the foreseeable future.
—Unemployed or Underemployed.
—Unable to afford a private service of this type or thought to be presently disqualified for a public vocational service.
—From 16 years to 45 years of age.
—Free of any other major physical or psychiatric handicaps except for personality difficulties (withdrawal, dependency, "treatable" chronic alcoholism) possibly stemming from epilepsy."
(See p. 2 of Part IV—"Participant Characteristics" in the *Operational Manual* for additional information about these criteria.)

[2] Frank, Donald S., *Three Cities Job Clinic and Services System Manual: A Guide For Helping the Hard-Core and/or Handicapped Jobseeker*, Especially Chapter VII "Counseling." February 1967—Washington, D.C.

[3] See Frank, Donald S., "A Reasoning Together—Group Counseling in Baltimore", *Employment Service Review*, V 4 N. 10, October 1967 and Frank, Donald S., *Rehabilitation Record*, Op. Cit.

others sharing some of the same employment problems. He is assisted by a professional vocational counselor, as well as other staff members who have experienced some of the same vocational problems, in reassessing his capabilities. At the first session, he is encouraged to discuss his problems and ventilate anger and frustrations about his inability to find a job. At subsequent meetings, however, the Counselor sees that these "negatives" no longer dominate the meetings.

The group leader guides the discussion along more constructive lines, such as "What concrete action can be taken?", and carries on activities which will make the clients more effective job seekers and job holders. Among other things, they participate in simulated job interviews, take employment tests, review training opportunities and develop job resumes suitable to their needs.

Gradually, as they show greater self-assurance and job readiness, the staff begins to refer participants to employers, training or corrective and remedial situations. When feasible, employed clients are urged to come back to the next session and discuss with the other participants the results of their efforts. In these sessions, the round-robin approach is used in which clients react to the "job stories" of their peers and come to a consensus about the way of successfully handling a job problem. This is a process which inspires hope and renews self-confidence.

Aside from the therapeutic value of the "give and take" of interaction, group counseling sessions afford the vocational Counselor an ideal frame of reference from which to systematically determine the job readiness of each participant.

As a team, the client and helping staff member decide on appropriate action to overcome a vocational, medical or social deficiency. The main goal at this point is to motivate the client into selecting an employment or training setting to meet his individual needs and interests and help him to make a personal commitment in reaching a successful conclusion.

Significant differences and variations between it and other counseling methodologies make some additional explanation necessary. Mainly, of course, the principle difference represented by the participatory counseling approach lies in its active involvement of the participants. But it is more than that. And it is more than that because counseling in this context, in the eyes of the participants, starts on a positive note from the very start of an individual's involvement.

Initially, he is "reached for" and secondly he is "screened in" rather than "out." The "wanted" client, therefore, whether originally hesitant or even reticent, is seldom totally unresponsive, because he is conscious of a regular and continuous concern for his vocational welfare. In fact, the Counselor actively encourages the group to join in the search for solutions and for many this collective interest is a tremendous morale booster. Personal involvement through utilization of the "Round Robin" technique permits the Counselor to carefully guide the interpersonal discussions into channels which are critically responsive to the known fears and concerns of the participants. In this instance, the jobseekers are victimized by a multitude of ordinarily disqualifying vocational attributes as well as a convulsive disorder, and so first must be given the opportunity to express themselves freely in these stressful areas.

In relatively short order, cross-fertilization of ideas in this manner brings about objective solutions to concrete job problems. Not only is an atmosphere of spontaneity—without fear of censure or criticism—conducive to the rebuilding of "broken images", but it also serves as a vehicle to concretely "take hold of" vocational realities without dampening the effort to renew hope.

Reasoning together in the group setting not only acts to reduce the relative size of the problems faced, but also reinforces the resolve of the individuals to act in a manner that the group—through their discussions—concluded was "right" vis a vis these problems. Directive, in the sense that it moves with a purpose and along the proximate guidelines of a "predeveloped" format towards a reorientation of the individuals with and through the help of the group; still, each meeting is a socializing experience. These get togethers, in and of themselves, actually represent the means for resocializing. Many of these individuals without this direction often were lost souls who carefully avoided even the most casual of social contacts. And since both job holding and training are essentially social experiences, these would-be workers were, on the face of it, ill equipped, at this point for either a job or training.[1]

Technical subject matter mastery, be it in "testing" or role playing the job interview, in reality only had importance to the extent that it successfully aided the individuals in the conquest of some of the anxiety plaguing their job futures. In this sense, technical mastery is a valid index of a person's readiness to feel better about himself and also is a reflection of rising self assurance. Taken together, these are key indices, invaluable as vital clues to the Counselor's assessment of the various participants' particular "job readiness status."[2]

These crucial assessments were done simultaneously with the required job or training slot development in each of these cases. Armed with firm intelligence gleaned from and frequently interpreted through the group process, along with background data, and brief, but "ongoing", individual counseling, job or training decisions are constantly being made with the understanding and consent of the individuals involved. In other words, over the established course, each of the group's participants is carefully evaluated in respect to where they stand on a kind of vocational ladder and what logical choices are open to them within the range of these limits. Since most of these decisions are jointly—and even collectively—derived in this fashion, and the individual is, in effect, a party to the decision, seldom is the Counselor placed on the defensive nor do such choices usually stir up "referral resistance." By juxtaposing on-going counseling with simultaneous job or training development, the referrals themselves tended to be viewed as natural or automatic consequences of counseling and not something thrust upon an "unprepared client." (Referral in all of its manifestations itself is a major action of the staff function and is developed at greater length in this chapter.)

D. *Job Development: Some Pertinent Points*

By virtue of a job or training development—as a simul-

[1] Section VIII—"Counseling" in the *Manual* rightfully warns against the ever present danger of "over-socialization" within the group counseling sessions that can lead to a misplaced emphasis which in turn might undervalue the Program's vocational purpose. Nonetheless, social groups did emerge for those in need of social outlets.

[2] The assessment of the "job readiness" status was greatly facilitated in the Atlanta Center by the development of a comprehensive *Profile Factor Analysis* by Chief Counselor Thomas G. Streckfus and his staff. This device provides for the translation of a client's medical, social, vocational, and educational potential into a quantitative scale which, in turn, projects a capsuled picture of each participant's work potential.

taneous process within the counseling component—the jobseeker becomes engaged in an activity that ultimately carries him outside the confines of the Center for the first time. In the group counseling process, participants will have sharpened their "skills" in completing applications, mastered the art of the employment interview, and had considerable practice in facing up to test taking. Concurrently, as noted earlier, the Center staff will have had the opportunity to assess the "Readiness Status" of each client. This adjudication determined precisely what type of referral, either job or training, was most appropriate at that particular time. Accordingly, the staff began to refer the clients to available job or training openings already developed or new openings created through positive employer solicitation. Prior to the referral, employers or training authorities are recontacted in order to determine their receptiveness to this particular client. Employer solicitation in this manner prevents the participants from facing another rejection solely on a disability basis—something which in itself is an all important consideration from their point of view.

Having had the opportunity to contact a large number and wide variety of employers both in the private and public sectors, job development began to take on a rather specific character. The modus operandi was first: to provide the employer with a detailed description of the intent of the Program and secondly to persuade them to consider our clients. Finally, an annotated listing of the available jobs and job descriptions became a vital working tool in the total job development aspect of the Demonstration.

A key finding of the Program was that clients were easier to place in the small to medium sized firms with less structured personnel policies. In the excellent economic climate in which the Program functioned, these companies were usually willing to help. Rather easily, they adjusted their loosely framed personnel regulations to accept persons marginal in education and vocational backgrounds, i.e., those who represented poor job risks in the traditional sense. In the public sector, an excellent working relationship was developed with a number of federal agencies due to the assistance of Civil Service Commission representatives who opted for positive government involvement, e.g., placement examinations which were conducted exclusively for clients right in the Center and which went a long way in alleviating anxieties often aroused in this tenseful situation, etc.

In substance, it was clearly recognized that self-help and motivational improvement alone were not enough in the face of stubborn employer resistance to the hard-core unemployed, especially if they also were an epileptic. To meet the challenge, a job development format had to be constructed with care and then tested over time. From all accounts, it stood the test of time and experience.

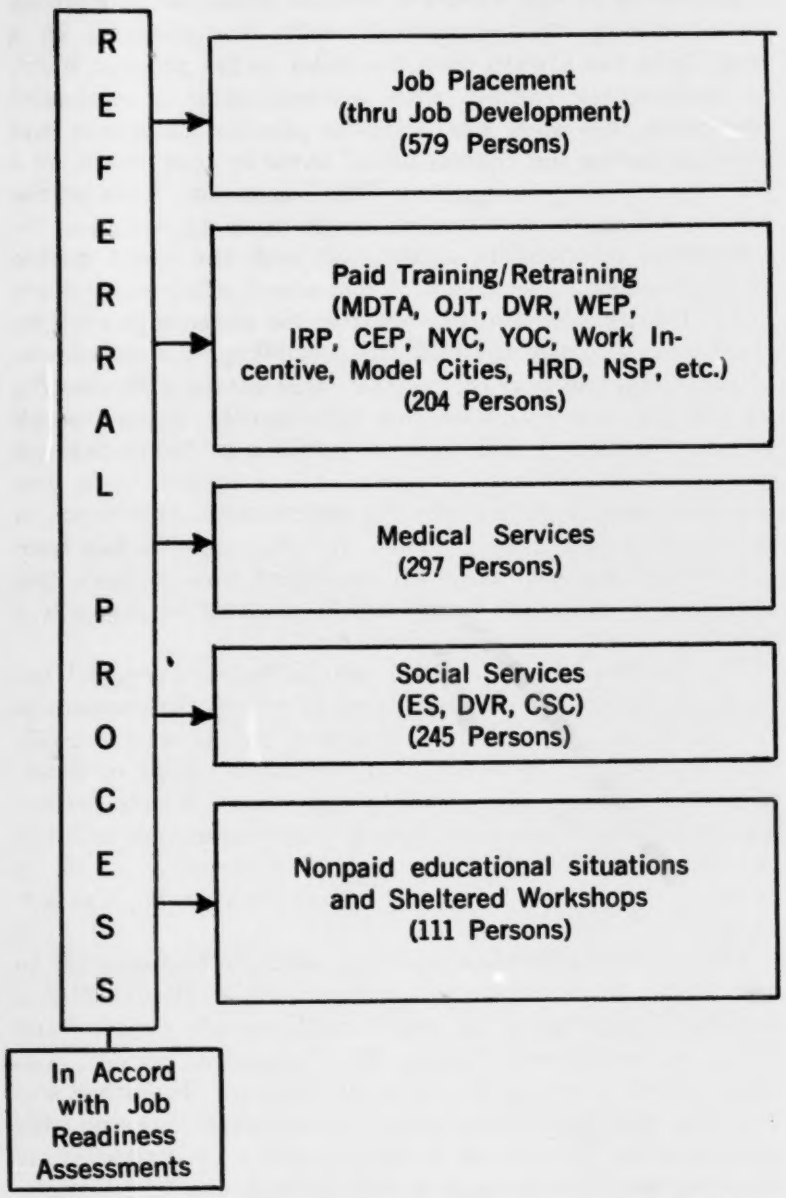
The Program was designed not only to locate already existing job opportunities, but also to convince employers to discard unrealistic requirements and prejudice as employment criteria. This was accomplished by pointing out the current labor market situation, the motivation exhibited by the client in participation in the Program, and our history of successful placements.

Since most of the staff was recruited from among the target group, the Job Developer, himself, often served as a graphic example of the employability of the disabled hardcore jobless. In addition, the staff member avoided "overselling" vagueness and generalization by "selling" specific clients for specific jobs. That is, the direction of job development efforts was determined by the currently available client skills and vocational propensities.

At the same time, the staff had to spend an equal amount of time on the development of paid training slots. The awesome depth of vocational and educational marginality represented among the participants required this. Project Directors had the responsibility for being in touch with agencies conducting training programs and forcefully competing for these slots. Information about a given community's allocation of slots was predetermined at the national level. In this way, the Project Directors were given some firm idea of the prevalence of these resources in their community, beforehand. Certainly, one important finding of this study and earlier related studies had been the persistent tendency of various public officials to utilize the training slots for persons who would ultimately be acceptable to an employer rather than for those who had a disability, criminal record or some presumably undesirable vocational feature. Finally, by careful negotiation with private employers who often were for the first time involved in this manner—the Project developed 89 training slots in 25 occupational categories in the three target areas.

There were noticeable variations in the availability of the states' training opportunities, however, for instance, in Illinois, the Employment Service was more than cooperative in terms of supplying the training needs of this Program's clientele. On the other hand, it is also worth noting that in Georgia and Texas, VR met the bulk of the training requirements of this Project. But in any case, the trainees of this Project reflect involvement in every program geared to the disadvantaged jobseeker in need of training: MDTA, VR, CEP, WEP, IRP, JOBS, etc.

Looking back, it is clear that the role of the participatory counseling and its auxiliary functions are critical insofar as (1) "preparing" the client, (2) assessing job readiness and (3) initiating realistic job or training development. Moreover, it is also crystal clear that the Counselor's interaction techniques provide both a catalyst and dynamic dimension to the counseling process, extremely compatible to the kinds of vocational adjustment problems found in this clientele. But as important as is this key phase in the vocational process, it is not something that could just as readily function independent of the earlier processes. On the contrary, the earlier functional phases "set the stage" and consequently provide the counseling apparatus with a strong structural foundation of initial interest, which gains momentum as the positive effects of counseling itself are developed and take root.


IV. Referral
R E F E R R A L P R O C E S S
Job Placement (thru Job Development) (579 Persons)
Paid Training/Retraining (MDTA, OJT, DVR, WEP, IRP, CEP, NYC, YOC, Work Incentive, Model Cities, HRD, NSP, etc.) (204 Persons)
Medical Services (297 Persons)
Social Services (ES, DVR, CSC) (245 Persons)
Nonpaid educational situations and Sheltered Workshops (111 Persons)
In Accord with Job Readiness Assessments

E. *Referral: A Functional and Evaluative Element in the System*

Referral, as a working part of the total system, was an instrument designed to cope with the client's outstanding medical, social and educational shortcomings, as well as to solve the placement problem, per se, as discussed above. As a concept, it meant sending the clients outside the confines of the Center for any purely vocational or any paravocational reason likely to enhance the individual's employability. Great stress in referral strategy was laid upon the ideal typologies developed in the course of the experiment for referrals of a purely vocational nature.[1]

Briefly summarized, the ideal typologies reflect the affinity of certain vocational and extra-vocational attributes to be distributed among most participants in the study population. Obviously, all cases do not manifest identical characteristics, but a large number do share a sufficient number of common qualities to represent or fit an ideal type frame of reference.[1] For purposes of vocational referral, such a frame of reference facilitates both the vocational evaluation process and the referral itself.

Typically, a case of an untrained participant having seizures on the order of one or two per month would be referred to a VR sponsored training program. Persons trained under these auspices would, also, have easy and regular access to medication and medical care so that he would not only be trained, but have an opportunity to have his seizures placed under control while in skill training. Another case with generally less severe control problems (2-3 per year) but still untrained, or with a modicum of work experience, could more properly be placed in an MDTA or on-the-job training slot since training, rather than medical attention, was the greatest obstacle to be overcome in this kind of case. And finally, where seizures were either infrequent or merely an unhappy part of the would-be worker's otherwise "good" job history, or the individual showed some evidence of promise in a work setting, in these cases direct job referral was resorted to as the answer to that type of vocational situation. Within this framework, all participants were evaluated and referred for purely vocational purposes.

In the main, referral actions did grow out of the "Job Readiness Process" definitively set forth in the *Three Cities Job Clinic and Services System Manual.* Referrals for each client were determined subsequent to the staff's determination of his "Job Readiness Status"; although the prime target of the process was the job and training placement, extra-vocational referrals were often necessary to prepare the client for this ultimate goal. As already surmised from the above discussion on ideal typologies, the Center frequently needed to utilize other community agencies prior to sending the client on a job interview. Participants were represented in a broad spectrum of possible conditions when they initially appeared at the Center. Polarized at one end of the spectrum would be the totally "down and out" client needing immediate medical care and possibly a host of other services before being considered as "job or training ready". At the other end of the spectrum was the more fortunate person who arrived "job ready" except for perhaps a "confidence problem" at the intake interview. In between these types of clients were persons who needed a battery of community services—medical, social, financial, educational and legal—before the referral process would effect a final vocational resolution of the participant's job problem.

The Demonstration's referral process not only played a functional role vis a vis assisting its clients, but was—in light of its long and close working relationships with virtually every helping organization in the community—instrumental as an evaluative device to assess the effectiveness of such aid. Aside from strengthening the existing ties between the helping organizations in the community and the Three Cities client, the referral function provided a means of identifying agency "gaps" in providing direly needed services. In too many cases, all the Demonstration could do was to re-establish broken ties with community service organizations which might provide temporary and, too often, inadequate assistance to a client. The client, in the meantime, might well be too disappointed in past performances to even desire resuming the relationship.

In particular, this characteristically was the case of the participant even unable to afford carfare to the Center. Once at the intake interview, it was obvious that he might not have even the necessities of life to tide him over the counseling cycle. An altogether too large clientele formed this component of the target population; although the quickly arranged for "emergency" public welfare monies

[1] Frank, Donald S., *Three Cities Job Clinic and Services System Manual,* op. cit. Chapter IX.

[2] For a quantitative description of these commonalities, see Chapter IV of the Sept/Oct./Nov. 1967 Progress Report of this Demonstration.

would be forthcoming by Center intervention, it was clear that, in all three target areas, the social service structure did have "blind spots" and was not capable of providing a subsistence minimum for many of its citizens.

On the other hand, from the referral process a number of productive relationships were developed which gave integrity to the vocational system. These relationships were established during the program planning period and subsequently strengthened over the course of the Program. In so doing, it maximized—quantitatively and qualitatively—the various agency services made available to this type of jobseeker. In particular, strong linkages to medical institutions assured nearly 300 clients of better seizure control,[1] while Demonstration ties to the existing educational institutions allowed 85 participants to acquire the most rudimentary talents needed on a job. Furthermore, clients with problems in such areas as legal matters, housing arrangements, social security and workmen's compensation were put in touch with the appropriate resource by a firm Center referral.

In conclusion, while the overriding purpose of the referral process was the job/paid training result, it was also necessary—given the generally disadvantaged state of the clients—to adequately prepare them for this referral. This, in effect, meant amassing the existing community facilities, whether adequate or inadequate, in an attack on their extra-vocational problems.

One of the key findings of this Project, that needs constant reiteration, is that the vocational problems of the poverty stricken handicapped are so multidimensional that they appear responsive only to a continuous centrally coordinated frontal attack on the purveyors of services. As the vehicle for supplying at least partial solutions to each part of the client's total life problem, the Demonstration in its authoritative referral service provides that unifying and stabilizing force in their lives which has been conspicuously absent up to this point. It was the function of the system, therefore, to provide—as an integral service—the ways and means, the administrative machinery, for alleviating these problems.

V Follow Up

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F. *Follow-up: A Continuous Function*

Follow-up in this Program was, in effect, the machinery for continuous "follow-through" with the clientele. In a way, there has always been two sides to the process. First, by maintaining contact with a client after a successful placement, the staff has acted to provide assistance and support during the critical initial three or four weeks on a job or a training assignment. This has meant visits on the job, in the training situation or at home to continue the supportive relationship established with the client during the counseling cycle. Often, it has meant after-hours chats at the Center, too. But, nonetheless, the purpose in such instances is obviously to offset the possibility of a recurrence of inappropriate fear or "nerves" that comes with meeting an entirely new situation. Not infrequently, the net result of such first-hand followup or continuous follow-through has meant the difference between a loss of one day's time and the loss of a job or training opportunity. Follow-up, in this context, has merely meant that the clientele has been able to be reassured at an all important time in their "job life" and as such has functioned to prolong or preserve a possibly "shaky vocational situation."

On the other hand, "follow-up and follow-through" implied a different concern or course of action. Subsequent to the follow-up, as previously described, clients were periodically recontacted by mail, phone or home visits to determine their current vocational or life status. Where further assistance was warranted, appropriate action was taken in the form of "re-cycling", immediate referral to a job or training or for the required remedial social or medical services.

Thus it is that "follow-up" was actually two services in one. First, by maintaining contact with a client after a successful placement, the staff could provide support and assist in adjustment during the "sensitive period", i.e., those initial weeks on the job or in training. The other service was periodic mail or phone contact three, six and nine months after the end of a client's active participation in the Program. The purpose of this contact was to determine the client's current status and offer further assistance as indicated.

The value of this technique was inestimable. Over the course of the Demonstration, an insignificant number of persons dropped out of training programs while the job retention facts spoke for themselves; but beyond pure statistics, follow-up is a necessary ingredient of a true service program. It is unrealistic to expect workers, most of whom have been long-term jobless, to adjust smoothly to a job or training routine. They need the continued assistance assurance afforded by follow-up.

Data gathered in this final or "end" component of the system enabled the Center and central office staff to have a control device to determine the effectiveness of their overall staff activity. Oftimes, one could thus determine the efficacy of the job development techniques currently being utilized, or the usefulness of a particular emphasis in the group counseling sessions. On the other hand, these data may have reflected something about the job holding ability of a particular class of participants, and, if the results were unsatisfactory, provided the staff with some insight into the causes of the problems. Equipped with this insight, the faulty component of the system could be placed under surveillance until some reasonable solution was derived. In this respect, follow-through was a means to con-

[1] Special mention should be made of the San Antonio Project Director's establishment of the Santa Rosa Seizure Clinic within the framework of the Center. Operated by voluntary physicians and supplied by donated medication it assisted over 200 clients attain seizure control.

*Number of persons involved in the follow-up process.

stantly reconstruct the malfunctioning elements of the system, albeit an unanticipated consequence.

G. *The Vocational System Revisited*

As was suggested earlier in this chapter, the strengths of the system were manifold. Each and every major part of the system appealed to a latent need of the client. For the most part, these needs were usually a demonstrable lack of spirit and confidence, apparent social dysfunctioning and widespread vocational disorientation. From the outset, each element in the system worked to inspire confidence, enhance social functioning and to supply reorientation to those whose information about the work-a-day world was clearly unrealistic or out of step with today's labor force requirements. Just exactly how this was done has been shown in previous volumes about this Demonstration and highlighted in this chapter, and thus needs no further recapitulation. Nonetheless, it is a fact that the system that worked so well on behalf of these clients had a discernible unity of purpose, or functional unity, which not only implied a persistence of empathy, but also, and more importantly, strove to do something positive about the unresolved vocational situations of a largely downtrodden work force. At each stage of the unfolding process, the paramount interest of the staff was to "do something about it." With few exceptions something happened to participants as a result of their involvement in this vocational system. Usually, it meant work or paid training, but in nearly every case, it meant something "going" for the person who formerly had little "going" for him. Technically, the parts of the system never stood alone. Rather, they meshed very nicely to form a more or less complete and cohesive vocational apparatus that consistently worked to satisfy a set of outstanding client vocational and extra-vocational needs.

VI. ANALYSIS FOR ACTION

Data about what happened and to whom it happened, in concert with a succinct appraisal of the highlights of what appeared to make it happen that way, attach certain meanings to this Demonstration (and to a limited degree to its predecessor projects). In retrospect, there can be little disputation with the data which show that substantive vocational results occurred to participants who, in the main, were literally bogged down by a host of "social" handicaps, as well as the evident convulsive disorder. Further, it has shown that the techniques developed earlier to cope with the disadvantaged generally have widespread applicability in connection with the subjects of this immediate study. And still further, it appears that the system developed previously was substantially refined over time through the instant Program so that it now is peculiarly responsive to the vocational needs of the hard-pressed clientele represented in this study. At the same time, from this it is reasonable to assume that in all probability a program with this built in sensitivity could be acutely responsive to other worker groups who suffer multiple physical or social handicaps.

Yet, despite widespread evidence of need, it is a cruel fact that little can be done beyond this immediate Demonstration to assure the long-term existence of a full scale program on behalf of the subject disability category, much less others disabled in other ways. However, if the Demonstration has pointed out anything at all, it has staked out the reasonable guidelines within which an effective long-term operational program must function.

Given the magnitude of an expanded operational program, which encompasses greater numbers and greater diversity of disability and depth of disadvantage, it is a virtual certainty that there could not be a wholesale scaling down of staff requirements, either in numbers or of qualifications, without seriously jeopardizing the viability of the present program format and its proven effectiveness. Also, while some few chapters within some voluntary health organizations—with the provision of regular central coordination and consultation —might carry on, such a service would—without firm national office direction necessarily gravitate, once again, to the more sophisticated. Notwithstanding the reservoir of good will among the concerned in the voluntary health field, the vast financial requirements of a large scale effort along more ambitious lines can sharply curtail effective programming in this direction.[1]

Meanwhile, each governmental agency holding appropriate jurisdiction in this sphere, at both the state and federal levels, has been approached with the proposition that this Program, or one patterned after it, be implemented in connection with the disadvantaged and disabled worker. Generally, these proposals, because they coincide with their present "hardcore" emphasis were well received, but are being held in abeyance pending the resolution of pressing budgetary considerations. Perhaps the preferred—but somewhat unorthodox—way of retaining these services on behalf of the less fortunate and less "desirable" ES and VR applicants is to contract with the present team for continuous delivery, as was suggested, incidentally, some time ago by one state ES Director.

But, in the dominant view of the USES, the best possible utilization of the present program intelligence would be as a staff training device: To train "local" office interviewing and counseling personnel in the way of this Program and then assign them to these tasks among the target population. However, judging from past experience, the personnel so trained would be subject to periodic pressure to carry out their ordinary office responsibilities and this would ultimately mean that they would gradually be removed from their special service responsibility. The end result of this would mean sporadic or short lived service culminating in a reversion to "old style" handling of these cases rather than the extraordinary help implied in this Program.

In the case of VR, which on a state and national (SRS) basis, was very receptive to broadening the base of operations to include the culturally and socially deprived and other disabilities, the best that could be offered was tentative consideration for continuation through the dubious medium of either an innovative or expansion grant; or a purchase of service arrangement with its "built in" limitations and liabilities. In the latter case, without a free hand in recruiting and concurrent DVR client acceptance, this would be a precarious setup, inappropriate to a prolonged planned operation of the kind envisioned here.

The still unresolved "hard" question then is: Given all these "road blocks" and given the far reaching efficacy and proven value of this systematic approach, what can realistically be proposed to retain, maintain and expand this vocational system to meet presently unmet needs; not only in respect to the convulsive workers, but to other hard-pressed handicapped jobseekers as well?

First, and foremost, it must be recognized that, with few exceptions, national voluntary health agencies are increasingly eager to give positive vocational aid to their particular clientele. Secondly, it is also clear that many of these agencies are unable, by and of themselves, to adequately finance a long-term effort of the scope and breadth that is required in such a program. Thirdly, the public agencies involved here—ES and VR—no matter how interested, are presently swamped at their offices with cases which, by and large, are more amenable to the usual rehabilitative techniques and processes. They are clients who, incidentally, in their prolonged relationships with the offices show a measure of qualification and sophistication that is not too frequently demonstrated among the applicants in this Demonstration. (After all, these are the cases that, in all probability, reflect a Counselor's judgment that they are reasonable risks for training and employment purposes, e.g., the non-hard-core.)

On review, these points appear to be the three over-riding considerations which must be dealt with at the outset of any confrontation with the disadvantaged disabled worker problem. Obviously, on a long-term basis, it means utilizing a proven mechanicism capable of supplying positive vocational results to a clientele that must be viewed at present, as beyond the realm of those forces who are undeniably honestly concerned about them. Nonetheless, the results of this study do show that there remains a bold but practical way out of the dilemma.

In this latter connection, the President's Committee on Employment of the Handicapped has been in the vanguard of

[1] Yet in spite of these realistic, objective constraints to a large scale *operational* undertaking, the EFA Board has already taken positive steps, within its means, to establish a National Vocational Advisory Center forthwith, to actively assist its chapters on vocational matters; to consult with and lend its expertise to other national Voluntary Agencies, and to National and State Public Agencies engaged in vocational programming, along the lines of this E & D project. In the meantime, the continuing Chicago Program will be maintained with full staff for an initial one year funding period. This staffing arrangement is consistent with the above noted requirement.

the effort to persuade national voluntary agencies to develop programs to increase the training and hiring of severely disabled jobholders. Out of this has come a recognition that there is a widespread need to cope with the vocational problems of persons in several disability categories. Meanwhile, in response to this appeal, various affected national health organizations have already given some staff time towards doing something constructive about a continuously growing problem of enforced idleness among those in their charge who are currently ready and willing to do some useful work.[1]

In the context of these paralleling conditions, the essential meaning of this Project is transparent. First and foremost, the Demonstration has performed as a beacon and pathfinder to administrators of both federal programs dealing with manpower and vocational rehabilitation, as well as the network of national voluntary health agencies, by showing what can be actually accomplished through a centrally coordinated national program that systematically confronts the most obdurate aspects of a growing national vocational problem: The jobseeker who not only carries a burden of disability, but also possesses the most meager of job qualifications, including the possible additional employment hazard of membership in a racial minority. Granted that the technical aspects are, and can be increasingly, involved in terms of actually enhancing the chances of such individuals being placed on a job or in training, and that some aspects have not yet been fully explored; nevertheless, the key elements fundamental to the success of the Program have already been enumerated with reasonable certainty through this pioneering endeavor and the pertinent earlier demonstrations.

Other keys, equally important to this Program's success, have been discovered and can be referred to here. For instance, the quasi-governmental standing of this Project permitted it to exploit to the fullest all of the important and relevant agencies on behalf of the clientele—presumably to a greater extent than would be the case if these same individuals acted alone or through the aegis of a completely private service. (Chapter, or national organizations, through its representatives, on the other hand, would ordinarily, without considerable coaching, find little time to meaningfully pursue the fate of some 20 or more clients a month "put in the pipeline" of one or another work or training programs, and the agency or employer, would at the same time, be considerably less receptive to inquiries or "pressures" from a private source on a "sometime" basis.) By the same token, the quasi-independent or autonomous character of the Program's sponsors made for far greater acceptance on the part of employers and private agencies or medical facilities than would otherwise be the case if this was purely a governmental enterprise. For some inexplicable reason, nearly all public agency personnel and authorities were observed to be more responsive to the staff's urgings and persuasions over the course of the Program than would be expected—according to form—if the Program had been "locked into an existing public agency" specifically organized to carry out an experimental program. (Admittedly, such a favorable response pattern seems inconsistent or incongruous with the known fact that the E & D Project was wholly federally financed.) Yet, the blend of courtesy and generosity displayed by cooperating public agencies was universally reported as "unusual or extraordinary" by Center Directors, all of whom had had years of experience in dealing with these agencies.[2]

On review, the above-noted "discoveries" when carefully aligned and studied readily lend themselves to certain conclusions about how a grand rehabilitative program can be shaped to take cognizance of all of these very special facts and considerations. Judging by the record to this point, alongside of an operational program's apparent requirements, what is called for is: The joining together of a number of voluntary health organizations in a national vocational counseling preparatory consortium. Such a consortium, in turn, could project and administer a prevocational program generally consistent with the character of the one developed over the last two years to meet the limited challenge inherent in the Demonstration's specifications. This one, however, is implicitly capable of coping with the conditions prevailing today in respect to many of the variously disabled disadvantaged jobseekers. Already found to be highly utilitarian to the vocational needs of the generally disadvantaged jobseeker, and to those who are convulsive and disadvantaged; the mentally restored, or those falling in numerous other disability categories, who are also disadvantaged urgently require this manner of vocational service.

In substance, through the sequential arrangement of the type already tried under this auspice, the culturally and socially deprived worker who is also partially disabled can secure the required preparatory vocational counseling experience to realistically prepare him for paid training or ultimately for the competitive job market. Further, an experienced and expert staff can be made available to the consortium to adequately plan, organize, consult on and carry out an effort on a scale large enough to accomplish these formidable objectives. Finally, the program can be jointly financed by the two public agencies primarily responsible for aiding these jobseekers—SRS and the Manpower Administration—except for a minimum of highly specialized "in kind services" which can be provided by the consortium's sponsors. The convincing results of this study and the apparent urgency of these unmet needs gives a national non-profit consortium of the kind proposed, a mandate to establish a bold and far-reaching operational program: One smaller in range or depth should not be contemplated since it is a certainty that it cannot take on this serious a challenge!

[1] To this end the President's Committee on Employment of the Handicapped held a workshop . . . "to explore ways in which voluntary health agencies can help promote jobs for the seriously handicapped." Among the many recommendations emanating from these meetings, certain ones seemed peculiarly consonant with the thrust of this Demonstration e.g.
"There should be a National Handicapped Employment Agency, co-sponsored by the President's Committee and voluntary health agencies, to concentrate on job placements of the handicapped. Also, there should be State counterparts made up of Governor's Committees and State health agencies."
"There should be an 'outreach program' by local voluntary agencies to locate handicapped persons in need of rehabilitation and employment services"
"There should be special community attention paid to the 'not-so-obvious' handicapped *epileptics*, others."
"There should be a single coordinating agency that would be a repository of information and research in rehabilitation and employment of all handicapped. Its facilities would be available to all agencies and organizations."
Futhermore, in response to the generally increasingly pressing nature of the problem the Social and Rehabilitation Service, DHEW, will sponsor *A National Citizens Conference on Rehabilitation of the Disabled and Disadvantaged* in the Spring of 1969, which has been endorsed by the National Rehabilitation Association. The Project Coordinator has been asked to serve as a Consultant to this Conference.

[2] For an outstanding example of this "all out" cooperation, see the Civil Service Commission's directive on p. 29, *Three Cities Job Clinic and Services System Manual.*

APPENDIX

Table 1.—Selected Socio-Economic Characteristics Of Persons Registering for the Demonstration, December 1966–June 1968
(Percent Distribution)

CHARACTERISTIC	TOTAL	TARGET AREA		
		ATLANTA	CHICAGO	SAN ANTONIO
SEX				
Number of persons	1,577	435	683	459
Total percent[1]	100	100	100	100
Male	62	65	63	59
Female	38	35	37	41
MARITAL STATUS				
Number of persons	1,577	435	683	459
Total percent[1]	100	100	100	100
Married, living with spouse	24	28	18	29
Single	58	49	65	54
Separated	10	12	9	9
Divorced	6	7	6	6
Widowed	2	3	2	2
AGE				
Number of persons	1,577	435	683	459
Total percent[1]	100	100	100	100
Less than 19 years	13	11	10	19
19–21	18	18	17	19
22–29	25	23	27	24
30–39	22	26	22	18
40 or older	22	22	23	20
Median age[2]	27	29	27	26
RECRUITMENT SOURCES				
Number of persons	1,577	435	683	459
Total percent[1]	100	100	100	100
Vocational Rehabilitation	13	16	9	14
Public Employment Service	13	9	16	10
Public Welfare	10	13	9	8
Demonstration Publicity (TV, radio, newspapers)	31	27	27	42
Physicians, hospitals	11	12	10	10
Anti-Poverty programs	4	7	4	1
Epilepsy Organizations	11	8	20	---
Miscellaneous[3]	8	7	4	14
EDUCATIONAL ATTAINMENT				
Number of persons	1,577	435	683	459
Total percent[1]	100	100	100	100
None–4 years	7	9	4	8
5–8 years	21	20	17	27
9–11 years	32	29	35	30
High School graduate	23	27	25	15
Some college	13	10	15	13
College graduate or more	4	4	4	5
Median yrs. of educ.	11	11	11	10

CHARACTERISTIC	TOTAL	TARGET AREA		
		ATLANTA	CHICAGO	SAN ANTONIO
LENGTH OF UNEMPLOYMENT				
Number of persons	1,577	435	683	459
Total percent[1]	100	100	100	100
Less than 5 weeks	16	16	16	16
5–14 weeks	11	9	13	10
15–26	7	8	7	5
27–52	10	7	12	10
Over 1 year	28	36	28	20
No prior employment	15	11	12	23
Underemployed	13	12	11	17
Median length of employment (weeks)[4]	30	45	30	26
RACE				
Number of persons	1,577	435	683	459
Total percent[1]	100	100	100	100
White	49	48	53	44
Negro	35	52	43	7
Latin-American	16	---	4	49

[1] Based on those reporting.
[2] Interpolated from intervals.
[3] Referrals from Civil Service Commission, schools, Social Security disability denials, churches, unions, Public Housing Authority and friends.
[4] Based only on those who have had work experience.

Table 2.—Salient Socio-Economic Characteristics of Persons Participating in the Demonstration, December 1966—June 1968
(Percent Distribution)

CHARACTERISTIC	ALL CYCLES	TARGET AREA		
		ATLANTA	CHICAGO	SAN ANTONIO
1. *SEX*				
Number of persons	1115	308	472	335
Total Percent[1]	100	100	100	100
Male	61	62	62	58
Female	39	38	38	42
2. *MARITAL STATUS*				
Number of persons	1115	308	472	335
Total Percent[1]	100	100	100	100
Married, living with spouse	26	28	24	28
Single	57	51	62	56
Separated	9	11	9	8
Widowed	2	2	1	8
Divorced	5	7	4	6
3. *AGE*				
Number of persons	1115	308	472	335
Total Percent[1]	100	100	100	100
Under 19 years	11	9	8	15
19–21	18	19	18	18
22–29	26	26	27	25
30–39	23	25	23	21
40 or more	22	22	24	21
Median age (yrs)[2]	28	28	28	27

CHARACTERISTIC	ALL CYCLES	TARGET AREA		
		ATLANTA	CHICAGO	SAN ANTONIO
4. *RECRUITMENT SOURCE*				
Number of persons	1115	308	472	335
Total Percent[1]	100	100	100	100
Voc. Rehab.	14	21	10	14
Pub. Emp. Service	12	8	15	10
Public Welfare	10	9	9	12
Project Publicity	29	24	27	38
Phys., hospitals	9	11	9	8
Anti-poverty Progs.	4	5	5	1
Epil. Orgs.	12	12	20	1
Miscellaneous[2]	9	9	4	17
5. *EDUC. ATTAINMENT*				
Number of persons	1115	308	472	335
Total Percent[1]	100	100	100	100
0–4 years	6	7	6	6
5–8	20	22	15	24
9–11	32	26	35	32
High School grad.	25	29	24	21
Some college	14	10	16	14
College grad.	4	4	4	3
Median years of education	11	11	11	10
6. *DEPENDENTS*				
Number of persons	1115	308	472	335
Total Percent[1]	100	100	100	100
No. depend. but self	66	60	72	64
1 dependent	11	13	12	6
2 dependents	8	12	5	9
3 or more	15	15	11	22
7. *LENGTH OF UNEMPLOYMENT*				
Number of persons	1115	308	472	335
Total Percent[1]	100	100	100	100
Less than 5 weeks	19	19	20	18
5–14	11	11	12	11
15–26	8	8	9	7
27–52	10	10	11	8
Over 1 year	27	29	26	25
No prior employment	14	12	12	20
Underemployed	11	11	10	12
Median length of unemployment[4] (weeks)	24	26	22	24
8. *LENGTH OF LAST EMPLOYMENT*				
Number of persons	1115	308	472	335
Total Percent[1]	100	100	100	100
Less than 6 mos.	33	32	34	33
6 mos.–1 yr.	13	14	13	11
1 yr.–3 yrs.	15	14	19	12
3 yrs.–5 yrs.	7	11	5	5
5 yrs.–10 yrs.	6	6	5	7
10 yrs. or longer	3	2	4	4
No prior employment	14	11	11	19
Underemployed	10	10	9	10
Median time on last job (months)	8	9	9	7

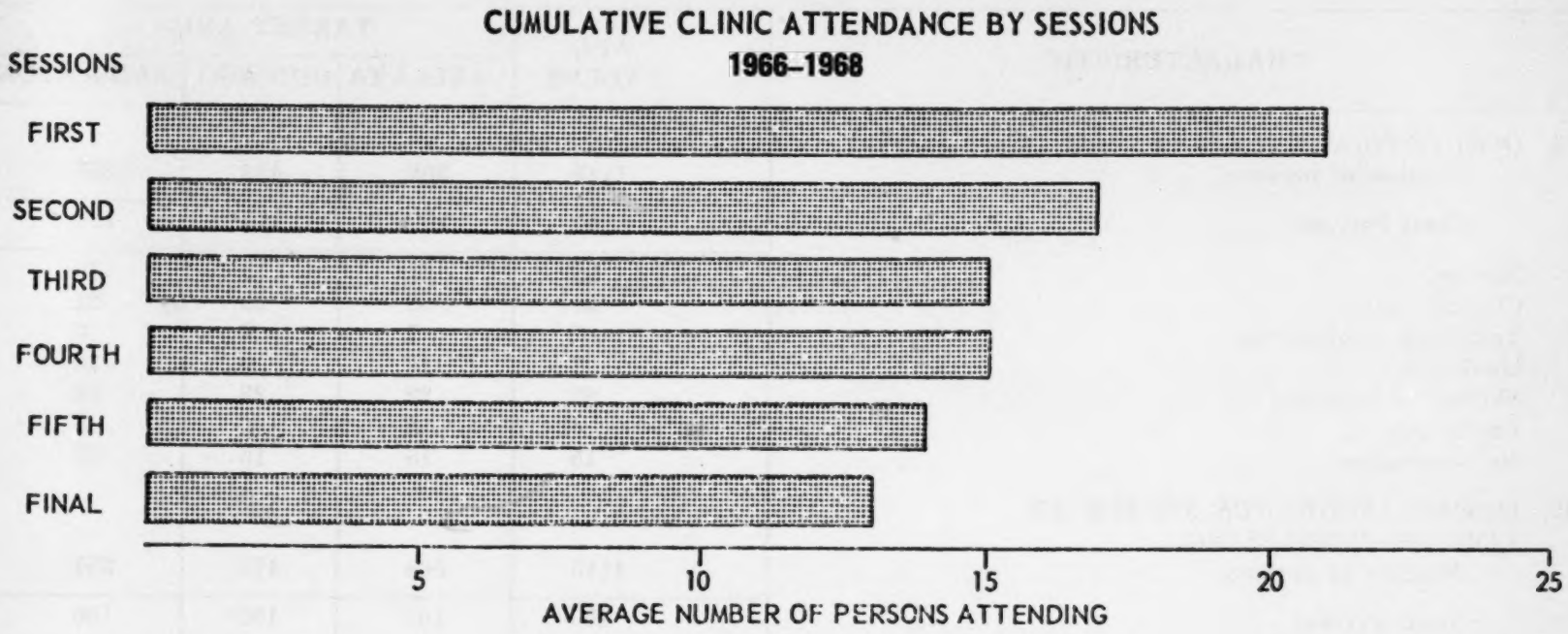
CHARACTERISTIC	ALL CYCLES	TARGET AREA		
		ATLANTA	CHICAGO	SAN ANTONIO
9. *OCCUPATION*				
Number of persons	1115	308	472	335
Total Percent[1]	100	100	100	100
Service	20	21	15	29
Clerical, sales	25	22	29	21
Technical, professional	7	7	8	6
Unskilled	8	10	6	10
Skilled, semi-skilled	20	22	23	12
Production	4	3	6	3
No occupation	15	15	13	19
10. *UNEMP. INSURANCE STATUS AT TIME OF COUNSELING*				
Number of persons	1115	308	472	335
Total Percent[1]	100	100	100	100
UI recipient	5	4	7	1
Non-recipient	95	96	93	99
11. *PUBLIC ASSISTANCE STATUS AT TIME OF COUNSELING*				
Number of persons	1115	308	472	335
Total Percent[1]	100	100	100	100
PA recipient	18	18	25	11
Non-recipient	82	82	75	89
12. *VETERAN STATUS*				
Number of persons	680	192	293	195
Total Percent[1]	100	100	100	100
Veteran	23	17	21	22
Non-veteran	77	83	79	78
13. *WAGE EARNER STATUS*				
Number of persons	1115	308	472	335
Total Percent[1]	100	100	100	100
Primary wage earners	57	61	64	40
Secondary wage earner	43	39	36	60
14. *PRIMARY DIAGNOSIS*				
Number of persons	1115	308	472	335
Total Percent[1]	100	100	100	100
Grand mal	69	71	65	70
Petit mal	19	20	20	19
Psychomotor	9	7	10	9
Jacksonian	3	2	4	4
15. *RACE*				
Number of persons	1115	308	472	335
Total Percent[1]	100	100	100	100
White	47	49	49	35
Negro	36	51	46	9
Latin American	17	--	5	55

[1] Based on those reporting.

[2] Interpolated from intervals.

[3] Referrals from Civil Service Commission, schools, Social Security disability denials, churches, unions, Public Housing Authority and friends.

[4] Based only on those who have had work experience.



A Manpower Administration Commentary on the *Manual*.

Epilepsy Foundation of America
Washington, D. C.
Contract #82–09–66–28
"Three-Cities Job Clinic and Services System Manual, a Guide for Helping the Hard-Core and/or Handicapped Jobseeker.", by Donald S. Frank, assisted by Charles Johnakin.
The Manual on how to assist employable persons with epilepsy obtain jobs or training grew out of the findings of the E & D program conducted in Atlanta, Chicago and San Antonio and also drew heavily on the experience of the Baltimore Health and Welfare Council's E & D Program in its six Job Counseling Clinics for the disabled and disadvantaged jobless. The Manual suggests the structure, content and dynamics for a counseling series and outlines job development activities of the project as a guide to creating job opportunities for employable epileptics. These counseling and job development techniques have been well designed and would appear to be useful in working with individuals disadvantaged by circumstances other than those for whom they were devised.
The system and approach described would seem to a considerable degree transferable to the Neighborhood Services Program, Model Cities, Concentrated Employment, Work Incentive and similar programs for the disadvantaged.
COMMENT: Excellent! Terrific! Receiving good response. One hundred fifty copies already distributed to BES and State ES offices through general administration Letter No. 1151.

SAN ANTONIO EXPRESS
Thursday, October 5, 1967

Encouraging Gains Shown in Project for Epileptics

By RICHARD TREVINO

Through better understanding from the public and less over-protection from the family, an epileptic today does not have to be afraid of such words as tomorrow.

And a program in San Antonio, first proposed by the Epilepsy Foundation in 1965 and organized last year under a contract with the U.S. Department of Labor, has already demonstrated beyond question what the foundation has always maintained—that persons with epilepsy need not face the humiliating prospect of living off charity the rest of their lives; that they can be productive, active citizens with a real stake in their community.

Mrs. Rolla Raffkind, director of the local office of the Three Cities Project, reported that since the inception of the program last December, 306 epileptics have visited the headquarters at 214 Dwyer Ave.

Of these, 188 persons have attended group vocational coun- ... per cent of attendees have ... home ... misunderstood in school ... socially ostracized ... and neglect... the community, can be extended to a point of confusi... "This saps ... But throu... counseling, a path in the right direct... begin by identifying their prob... toms of a ... the ...

What ...

Epile... The Epilepsy Foundation, a U.S. Department of Labor numb... Demonstration Project, is currently setting into motion a plan to help persons with epilepsy find employment. Gree... According to Donald S. Frank, project coordinator, "The ... scr... chief means of rendering ... tional assistance has always d... been to use the group approach to remove job- ... seeker anxiety and ... seekers to the realities of job-holding."

Frank, a n... gram from ... cial Secu... Othe... Stre... R...

ATLANTA DAILY WORLD
Friday, December 9, 1966

Epilepsy Foundation To Discuss Training For Jobs At Meeting

The Epilepsy Foundation has scheduled a n... p.m., Friday at the Main Public Library 126 Ca... N.W. The meeting is being called by Thomas Stre... ject director, and Robert Zeffert, administrative ... both from Baltimore, Md.

Main item on the agenda is discussion of ... Employment-Training Program, a progr... U.S. Department of Labor, in cont... Foundation aimed at employment ...

The U.S. Department of I... Contract with the Epilepsy ...

The primary Respons... tablish Vocational S... controllable epile... tonio and Atl... the project ...

(1) ... cour... and/...

(2, ... atory to, ... gram.

THE PRO... ing process. T... sessions is to se... sessions is to serve ... and as a vehicle for ... him or herself in relati... same time it is used to ... tion about previously unsuc...

Handicaps, as a barrier t... ble epilepsy. Persons interested we... both in terms of its physical an... project staff at 872-5452 or the ch... better about themselves" while ... Foundation at 874-9900. ... time on the handicapping condition. ... Other cities where similar ... discuss ... spects. "F... nsiderably le... cago and San Antonio. ...

The meeting is open to the public.

CHICAGO, ILL. TRIBUNE
Chicago Met. Area
Jul 25 1967

Epileptic Program Set

The *Epilepsy* Foundation is conducting a job training pro... gram for epi... Counseling sessions meet twice weekly for three we... eave from the So... The project's office is in Room 1331, at ... cts the EFA Pro... project are Thomas G. ... akin, San Antonio, an... 'loner' But once ignores th only the

...utic has the ten... ...ill knowled...

THE SUNDAY COURIER AND PRESS—
EVANSVILLE, INDIANA
January 28, 1968

Rehab Speaker Set

DON S. FRANK

Don S. Frank, coordinator and consultant of a pilot project launched by the Epilepsy Foundation of America, will be the luncheon speaker at the Regional Vocational Rehabilitation Institute on Feb. 5.

The project, known as The Three Cities Employment Training, Counseling Project, was begun under a $302,100 contract with the U.S. Department of Labor in 1966.

Sponsoring the institute, to be held Feb. 5 and 6, is the Tri-State Epilepsy Association, Epi-Hab Evansville, Inc., and the Epilepsy Foundation of America.

Morning workshop sessions and afternoon panels are planned.

All regular sessions will be held at Deaconess Hospital except the morning program Feb. 6 which will be at Epi-Hab.

Ellen Grass, president of the International Bureau on Epilepsy, will be speaker at the luncheon on Feb. 6.

Frank was a Cum Laude graduate of the University of Maryland in the field of sociology and received his MA degree from the University of Chicago.

He was head of the Baltimore Job Counseling and Referral Clinic for two years.

GEORGIA BULLETIN
Thursday, December 14, 1967

Foundation Helps Epileptics To Find Jobs—And Keep Them

By MARY LACKIE

Many epileptics ...rotected by their families and be-
come emotional c ...lanced medication, motiva-
tion, and the job ... 90 per cent are em-
ployable.

The Atlanta Foundation, ...rt of a tri-
under the dire... the Depart-
city research... the epi-
ment of Lab...
leptic find...

The ma... reach some 16,000 epileptics in the metropolitan area and
ple who ... teach both them and society how they can be profitably em-
clinic. I... ployed.

Antoni... "To help them," said project director Thom-
vocati... "we have set up a six-part program. Our fi-
parer (873–1452). cruitment; we must get unemployed, ... Strekfus,
and come to our offices (81 Peachtree ... n is re-
"These people are often rel... ns to
A they have suffered because ... us
fu... their handicap."
W THE NEXT...
t... project's s...
techniq...
pilot ...
le...

DAILY DEFENDER
Wednesday, July 26, 1967

Training Plan Set For Persons With Epilepsy

pe... The Epilepsy Foundation invites persons with controlled
estab... epilepsy to sign up for an Employment Training Program
at Gra... currently being conducted in the Chicago area.
vice, ano... Persons with epilepsy or persons who know an epileptic
Epilepsy ... should call 427-0713 as soon as possible to register for this
The projec... free service which features group counseling, job develop-
ment of Labor ... ment, and training placement.
two month perio... The program, financed by the United States Department of
but instead, due to ... Labor, is entering its ninth month of operation.
clinic for 15 persons ... Approximately 225 persons have participated in the pro-
"In our first session, ... ject thus far. The Chicago Project Director is Gary G. Tur-
r. Streckfus said. "Eac... ner and the office is in Room 1331 at 327 S. La Salle St.
mbers of the group abou... The next series of counseling sessions will begin during
done, and what he would ... week of Aug. 1.
...
ences. ...
skills in the ...

Sometimes partic...
session—others learn to ...
fore they find work. "What I ...
changes in grooming is the life that s...
personality and assuredness," Streckfus sai...
tally, working seems to help. Even without a change ...
cation, a person's health improves."

Part of the project's operation is job placement. In s...
cases, participants have been lifted from one field of wo...
another where they feel more at ease and comfor...
Streckfus said. "It's not what you have, but how you u...
the participants learn.

Jobs vary from secretarial to hospital employment, ...
ket research and factory work. Some participants have ...
no previous job experience, but if they are tenacious, they
find work, Streckfus said.

Of the 238 who have participated in the sessions since the project began a year ago, 61 per cent have found employ...
through the Center's job referral ...
In a recent sessi...

NORTHSIDE REPORTER
September 7th, 1967

Epilepsy Project Highly Successful

Over 285 persons with medically controlled epilepsy have assisted on jobs, training and counseling in San ...

...at 214 Dwyer Avenue is the center of all ...
...sons seeking to raise their level of employ-
..., through this service center.
...me Three Cities Employment—Training—
...gram, the Labor department and Epilepsy
...ve a two year contract to assist this disad...
... said, 'Lord have mercy
... then, I haven't been bothered."

WHILE STAFF ...ple of the importance of being
... in here with four strikes
and gather information about the degree and frequency
seizures to ascertain whether the member is getting the mo
from his medical routine, the epileptic is asked to examin
his own attitude. Is fear and self-pity the real obstacle, no
his affliction? Has he been so over-protected by parents and
family that he has lost the motivation and self-confidence re-
quired to enter the labor market?

Epilepsy can occur at any age. "It is often those persons
who have recently developed their handicap who are most de-
pressed and consumed with self-pity." Mr. Streckfus said.
"Our first clinic attracted a young man, 24, married and
father of two, who had developed epilepsy with... ...
veral years. He had formal... ...

CHICAGO, ILL. DAILY DEFENDER D. 37,540
Chicago Met. Area
Jul 29, 1967

Job Program Underway For Epilepsy Victims

THE... ...
this litt...
progress The *Epilepsy* Foundation is conducting a comprehensive
tion on employment program for persons with epilepsy in Chicago.
World W... Operating under a Demonstration Grant by the U.S. De-
ments in partment of Labor, the program features group vocational em-
Mr. Strec... counseling, individual job development, job training, and spe-
"Until ... cialized referrals.
ployee-emp... Participants are encouraged to discuss their job seeking
smaller en... experiences and are provided professional instruction in the
capped per... job seeking process.
prove to be ... Counseling sessions meet twice a week for three weeks
with a new group forming each month. The service is free
and persons with epilepsy who are between the ages of 16
and 45 and are unemployed or underemployed should call
427-0713 between 9 a.m. and 5 p.m., weekdays to register for
the program.

Persons with epilepsy should be informed of this program
by friends and relatives.

Chicago Project Director is Gary G. Turner. The offices are
in Room 1331 at 327 S. La Salle St.

About the Three Cities Job Clinic and Services System Manual . . .

INSTITUTE FOR THE CRIPPLED AND DISABLED
400 First Avenue • (212) 679-0100 • New York, N. Y. 10010 U.S.A.
VOCATIONAL AND INDUSTRIAL REHABILITATION
Bernard Rosenberg, Director

November 22, 1968

Mr. Donald S. Frank
Project Coordinator
Three Cities Employment
Epilepsy Foundation of
1419 H Street, N. W.
Washington, D. C. 200

Dear Mr. Frank:

Mrs. Stonehill, o
the Three Cities
excellent source
extensively wi
need comprehen

INTERNATIONAL BUREAU FOR EPILEPSY
3-5 Alfred Place, London, W.C.1., England
Telephone: 01-580 2704

GSB/paw

9th October, 1968

Mr. Donald S. Frank
Project Coordinator,
Three Cities Employment -Training Progras,
Epilepsy Foundation of America,
1419 H Street, N.W.,
Washington, D.C. 20005,
USA.

Dear Mr. Frank,

Thank you for your letter of September 27th and
for sending me the
System Ma

Cities Job Clinic and Services
nd offer of sending me some more
teful if you could let me have a
s on the Three Cities Program
ilitation Record of January/February

Thank you again for your help.

Yours sincerely,

George S. Burden
Secretary General

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY
DEPARTMENT OF REHABILITATION
2550 MARIPOSA STREET
FRESNO, CALIFORNIA 93721
RONALD REAGAN, Governor

July 15, 1968

RECEIVED
JUL 19 1968

tation of America
t N.W.
C. 20005

n.: Donald S. Frank, M.A., Director

forty (40) copies of your manual which
in the health and social service field
tting effective job counseling, training
I will want each of my counselors and
supervisors in my district to have a
nded to us from the California State
thab Roundup".

appreciated.

ery sincerely yours,

P. S. VAIL
ct Administrator

U.S. DEPARTMENT OF LABOR
BUREAU OF EMPLOYMENT SECURITY
WASHINGTON, D.C. 20210

SEP 30 1968

Training Program
merica

ing 25 additional copies of your report
d-Core and/or Handicapped Jobseeker so
for all of the participants in our up-
supervisors of Services to the
n.

Sincerely yours,

Charles E. Odell, Director
U. S. Employment Service

The Commonwealth of Massachusetts
Division of Employment Security
Affiliated with the United States Employment Service

Donald S. Frank
Project Coordinator
Epilepsy Foundation of America
1419 H Street, N.W.,
Washington, D.C., 20005

Dear Mr. Frank:

I would sincerely appreciate it if you would forward without charge one copy of the Three Cities Job Clinic and Services System Manual to the Youth Opportunity Center, 408 South Huntington Avenue, Jamaica Plain, Massachusetts, 02130, Attention: Miss Sullivan. A year ago, in the Employment Security Review, I read your article, "A Reasoning Together, Group Counseling in Baltimore" and was impressed with your findings. Having played the "round-robin" technique and found it effective in small groups (discussions) I would be delighted to receive a copy of the manual.

Sincerely yours,

Dorothy R. Sullivan,
Principal Employment Counselor

Human Resources Development Center
408 South Huntington Avenue,
Jamaica Plain,
Mass. 02130
October 17, 1968

HIRE THROUGH YOUR MASSACHUSETTS STATE EMPLOYMENT SERVICE

P.S. Also would appreciate "The Juvenile with Epilepsy: Perspective on Employment and Life Adjustments."

PROJECT STAFF
1966–68
CENTRAL OFFICE—WASHINGTON, D.C.

Donald S. Frank, MA, Project Coordinator/Consultant
Charles R. Johnakin, Historian-Records Analyst
Lenore G. Frank, Administrative Assistant (Part time)
Robert H. Zeffert, Research Assistant-Counseling, Administration
Glenn Frank Lipsitz, Research Assistant
Jean E. Heimer, Executive Assistant
Erma Maggett, Administrative Secretary
Sally Washington, Secretary
Annette Alabaster, Secretary
Alice Litzenberg, Secretary
Frances Walker, Secretary

ATLANTA, GEORGIA

Thomas G. Streckfus, MSW, Project Director and Chief Counselor
Bruce Hall, Counselor
William Parker, Counseling Assistant
Kenneth Slaughter, Counseling Assistant
Steven Gerd, Counseling Assistant
Sherry Petry, Counselor (Vista)
Ted Stevens, Counselor (Vista)
Claudia Parker, Secretary
Sarah Driver, Secretary
Sarah Henson, Secretary

CHICAGO, ILLINOIS

Gary G. Turner, Project Director
Rosetta B. Williams, Counselor
Arthur E. Harkonen, Counselor
Kenneth Henson, Counselor
Diane Hudson, Counselor
Charles White, Counseling Assistant
Verne Miller, Counseling Assistant
Curtis Moman, Counseling Assistant
Bettye Washington, Secretary
Francis Rucker, Secretary
Rachael Arreguin, Secretary

SAN ANTONIO, TEXAS

Rolla B. Raffkind, Project Director
Delores Jeanetta, Counselor
Shirley Olguin, Counselor
Ramon Villarreal, Counselor
Carlos Medina, Counseling Assistant
Remigo Valdez, Counseling Assistant
Roy Phelps, Counseling Assistant
Maria Nodarse, Counseling Assistant
Charles Lambert, Counseling Assistant
Margarita Torres, Secretary
Rose Gomez, Secretary
Norma Long, Secretary